MAMMOTH LAKES RECREATION
STAFF REPORT

Title: The public hearing provides the public opportunity to comment on the proposed use of Fiscal Year 2023/24 allocations of $198,250 in Measure U Funds to entities for programming support.

Meeting Date: March 12, 2024

Prepared by: Kim Anaclerio, Program Director

BACKGROUND:

Mammoth Lakes Recreation (MLR) is a non-profit organization that is committed to preserving and enriching the quality of life for residents and visitors by ensuring the strategic use of Measures R, U, and additional funding sources to develop and support recreation, arts and culture, mobility, capital projects and special projects. MLR is the recommending body for Measure R and Measure U and conducts the allocation process annually, culminating in funding recommendations presented to Town Council for review, and approval as recommended or with modification.

The annual allocation process conducted by MLR begins with an open application period during the month of January. MLR staff is available to applicants for guidance during the open application period. The three-member MLR Allocations Committee then reviews and scores each application prior to and through public meetings. The Committee comes to a consensus and votes to approve a recommended funding amount for each applicant, to be presented to the MLR Board during the ordinance-required Public Hearing. Public meetings were held on February 21 and 22, 2024 to review the Measure U Grant applications. Specific recommended allocations for Measure U Programming Grants include funding for twelve (12) specific programming activities totaling $198,250. Specific recommendations are provided in the attached.

The Measure U Ordinance (Ordinance No. 10-04) reads:
"3.44.190 Use of Special Tax Proceeds On and After July 1, 2011
On and after July 1, 2011 all proceeds of the tax levied and imposed hereunder shall be accounted for and paid into a special fund designated for use by the Town of Mammoth Lakes, and used only for the following purposes: Planning, construction, operation, maintenance, programming and administration of facilities and projects for mobility, recreation, and arts & culture. Such tax proceeds shall not supplant existing funds used for the purposes set forth above."

and

'Section 3 .44.210 Recommendation for Expenditure of Funds.
The Tourism and Recreation Commission, or such other commission or committee as is

hereafter designated by the Town Council, shall annually conduct at least one public hearing where it takes public testimony as to how tax revenues collected under the Mammoth Lakes Mobility, Recreation, and Arts & Culture Utility Users Tax Ordinance should be expended. After accepting such public input, such commission or committee shall make written recommendations to the Town Council as to how such tax revenues should be expended. Prior to expending such tax revenues as have not been earlier committed, the Town Council shall consider the recommendations of such commission or committee report."

The MLR Board will consider public testimony and the Allocations Committee recommendations for Measure U Programming Grant funding prior to making a Board recommendation that will be presented to Town Council for final approval.

Attachments:
1. Recommended Allocations of Measure U Programming Funds
2. Measure U Special Project and Programming Grants Application Guide
3. Measure U Programming Grants Applications
4. Measure U Special Project and Programming Grants Evaluation Matrix

Measure U Allocations – Committee Recommendations – 2/22/24

FY24/25 – Programming	Amount
Clean Up the Lake	12,000
Mammoth Mountain Ski Patrol Alumni	6750
Eastern Sierra Community Chorus	8500, 8500, 8500
Mammoth Channel	7000
Chamber Music Unbound	32,000, 32,000
Eastern Sierra Arts Alliance	40,000, 40,000
Eastern Sierra Symphony	15,500, 15,500
Mono Arts Council	34,000, 34,000
Valentine Eastern Sierra Reserve	10,000, 10,000
Friends of the Inyo	11,000
Eastern Sierra Avalanche Center	11,500, 11,500, 11,500
Sierra Classic Theater	10,500, 10,500, 10,500

Total Recommended: $198,250

Measure U

Grant Application Guide

Updated 12/01/22

Welcome

Thank you for your interest in applying for a Town of Mammoth Lakes Measure U Grant. Mammoth Lakes Recreation works closely with the Town of Mammoth Lakes to support programs designed to enhance sustainable recreation, arts and culture within the community.

We look forward to working with you throughout this application process. Please feel free to reach out at any time with questions.

In this document you will find:

- Application Guidelines
- Evaluation Objectives, Principles and Priorities
- Requirements and Accountability
- Funding Recommendation and Disbursement
- Funding Match Requirements
- Measure R and U Ordinances
- MLR Contact Information

Application Guidelines

1. Applications are **DUE by the last Friday in January by 11:59pm**. (*Except for Special Projects which are encouraged to be submitted a the same time, but may be submitted at any time.)
   ⇒ Application Preview
   ⇒ Special Project Application Preview

2. The Performance Period for each grant cycle is **July 1 – June 30**. All funds must be expended during the Performance Period. Applicants may return unused funds or apply for an extension.

3. Grantees must submit a Progress Report by **December 31** of each award year.

4. Grantees must submit a Performance Report within 30 days of the completion of the Program, or within 30 days of the end of the Performance Period (**June 30**), whichever comes first.

5. Applicants are not eligible to apply for additional funding until the Performance or Progress Report is received with appropriate documentation and approved.

6. Make sure the program is appropriate for the grant funding source**.**

   Measure U – May be used for planning, construction, operation, maintenance, programming and administration of facilities and projects for mobility, recreation, and arts & culture, may not supplant existing funds used for the purposes set forth above.

   Measure R – May be used for the planning, construction, operation, maintenance, programming and administration of all trails, parks and recreation facilities **managed by the Town of Mammoth Lakes** without supplanting existing parks and recreation facility maintenance funds.

7. Choose the appropriate application category.

   Programming

   - Support and increase opportunities for participation by diverse populations in recreation and/or arts & culture experiences
   - Support diverse recreation and arts & culture experiences, including nationally known talent and emerging trends
   - Multiple-year funding option (3 years)
     *A new program may not apply for multiple-year funding until their second year producing as a *Program*, not a *Special Project*.

   Capital Projects

   - All phases of a capital project to support recreation, arts & culture, and

mobility including: Planning, Financing, Construction, Operations and Maintenance
- Requires a complete business plan to include feasibility, construction, and operations and maintenance budgets.

Special Projects
- One-time funding for new and innovative projects that support the development and/or enhancement of recreation, arts & culture or mobility.
- Applications can be submitted at any time and will be reviewed at the next scheduled Mammoth Lakes Recreation Board meeting.

8. Unallowable expenses include, but are not limited to:
   - ⇒ Indirect Costs
   - ⇒ Travel/Mileage
   - ⇒ Alcohol
   - ⇒ Organizational operations not directly involved with Measure Grant program.

9. The Evaluation Filter will be used to evaluate all applications with respect to how they are aligned with the Broad Objective, Guiding Principles and Priority Elements.

10. Be sure to complete all sections of the application and upload all attachments.

11. It is strongly recommended that applicants schedule an application review with MLR staff to review specific details of their application. Applications cannot be revised once the application period closes.

12. Applications that are late, incomplete or are not submitted through the web-based application (Formsite.com) will not be accepted.

13. Qualifying applications will be reviewed by the MLR Allocations Committee. MLR Board of Directors will hold a Public Hearing to make final funding recommendations to TOML Town Council. Funding recommendations will be reviewed by TOML Town Council for final approval.

Evaluation Objectives, Principles and Priorities

Mammoth Lakes Recreation is a 501(c)3 non-profit dedicated to enhancing recreation, arts, culture and mobility in the Eastern Sierra. MLR is committed to preserving and enriching the quality of life for residents and visitors through the strategic use of Measure R and U funds.

Applications will be evaluated for alignment with the following Broad Objective, Guiding Principles and Priority Elements:

BROAD OBJECTIVE

Measure R & U Funds will be recommended or invested to create, implement and support a branded high-performance destination that includes a thriving arts & culture community and enhanced recreation opportunities.

GUIDING PRINCIPLES

Quality of Life

MLR operates under the basic premise that creating and enhancing the broadest possible range of quality, sustainable recreation opportunities in and around Mammoth Lakes, California, improves the quality of life, experience, and general health and wellness of residents and visitors alike, making our community an ever better and ever more viable place to live, work, invest, and do business.

Public Benefit

MLR works to support, develop and recommend funding for projects and programming that are accessible and available to the broadest number of community stakeholders.

Sustainability

In order to sustain quality recreational benefits and amenities for present and future generations, MLR works to support, develop and recommend funding for projects and programming that complement the natural landscape and environment, provide year-round opportunities, and are demonstrably sustainable in the long term, economically, socially and environmentally.

Stewardship

MLR understands recreation to be the gateway for understanding and caring for the precious landscape, public lands, and community values that underpin the economy of Mammoth Lakes, California, and the quality of life and experience for all its residents, visitors and other stakeholders.

PRIORITY ELEMENTS

Organizations or individuals that have a proven history of effective and efficient delivery of programs.

Proposed project addresses an identified need and/or public benefit for people living, working, and visiting Mammoth Lakes.

Project demonstrates strong community support.

Requirements and Accountability

1. Applicants must match the Measure U Grant funding 1:1. A minimum 50% of the match must be cash and a maximum 50% of the match may be in-kind contributions. This is REQUIRED for the grant to be awarded. *Examples in the Funding Match Requirements section.

2. Measure U Grants do not support events. Events and Programs are defined as the following:
   Event: Occurs in a particular place; a one-time function
   Program: Occurs over a season or a year; multiple occasions

3. Programs must be open and available to the public, take place predominately in the Town of Mammoth Lakes and benefit its residents and visitors.

4. Grantee will display logo and acknowledge Measure U in any print or digital publications. Style Guides are available and must be followed.

5. Grantee may create a Facebook event for each program and use MLR as a co-host.

6. When using social media, Grantee will acknowledge funding partners by using #MeasureU and #MammothLakesRecreation.

7. Grant funds may not supplant existing or current town projects.

8. It is the responsibility of the applicant to have all permits, insurance, and other documents required for the program on file.

9. Applicant must produce documentation of available cash assets and expenses upon request.

10. All Multi-Year Grantees must submit the following documents annually to remain eligible for funding:
    - ⇒ Performance and Progress report
    - ⇒ Updated Program Budget
    - ⇒ Current Organization Budget
    - ⇒ New Programming Schedule for the upcoming year

Funding Recommendation and Disbursement

- Applications are received and reviewed by the Mammoth Lakes Recreation Allocations Committee.
    - Applicants are encouraged to be present during the application review process and engage in dialogue with the Committee for any questions or clarifications.
    - These are public meetings announced through TOML "Notify Me".

- The MLR Allocations Committee makes funding recommendations to the MLR Board of Directors.

- A Public Hearing is conducted as required by Section 3.44.210 of the Measure U Ordinance (No. 10-04), followed by the funding recommendations of the MLR Board of Directors to the Town of Mammoth Lakes Town Council for final approval.
    - Applicants, as well as the general public, are encouraged to be present during the application review process and engage in dialogue with the Board for any questions or clarifications.
    - These are public meetings announced through TOML "Notify Me".

- Successful applicants will receive a Letter of Agreement from the TOML outlining the terms of the Grant.

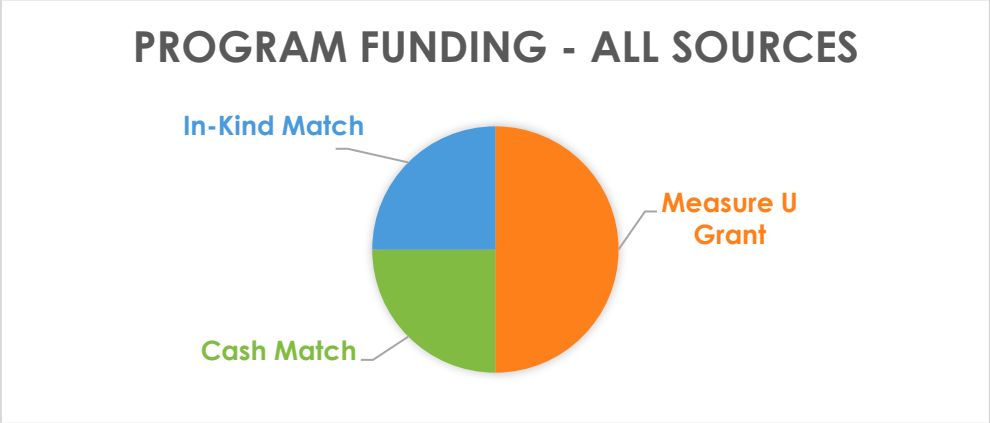
- Funds will be released once a signed TOML Letter of Agreement is received.

- If any awarded grant funds are not used, the remainder must be refunded.

- **Special Projects may be submitted at any time and will be reviewed at the next MLR Board meeting.

Funding Match Requirements

Applicants must match the Measure U Grant award 1:1. A minimum 50% of the match must be cash (in-hand or committed) and a maximum 50% of the match may be in-kind contributions. This is REQUIRED for the grant to be awarded.



The amount of Measure U Grant funding available to a program is based on the amount the applicant can match. To figure the match/available funding, follow these steps:

1. Calculate the amount of cash-in-hand the program has available and/or committed.
2. Calculate the amount of in-kind contributions the program has available and/or committed.
3. Add together the cash-in-hand amount, and the in-kind contributions amount for the total match.
4. Calculate the allowable match by adding the cash-in-hand with in-kind contributions up to the amount of cash-in-hand. This is the maximum Measure U funding a program may apply for.

TOTAL PROJECT COST	CASH MATCH	IN-KIND MATCH	ALLOWABLE MATCH	ALLOWABLE MEASURE U GRANT REQUEST (CASH must equal at least 50% of REQUEST)
$20,000	$5,000	$5,000	$10,000 ($5,000 + $5,000)	$10,000
$15,000	$5,000	$2,500	$7,500 $5,000 + $2,500	$7,500
$10,000	$2,500	$5,000	$5,000 $2,500 + $2500	$5,000
$36,000	$10,000	$8,000	$18,000 $10,000 + $8,000	$18,000
$31,000	$7,000	$10,000	$14,000 $7,000 + $7,000	$14,000

*Please note that the cash match must be cash-in-hand that is not from a Town of Mammoth Lakes source and documentation of funds and/or commitments is required at time of application.

Measure R and U Ordinances

The voters of Mammoth Lakes, by a two-thirds majority, supported two Special Use Taxes for the specific purpose of enhancing recreation, trails, parks, mobility and arts & culture.

Priorities for the strategic and effective use of Measure R and Measure U funds are established by Mammoth Lakes Recreation with recommendations to Town Council.

Measure R Ordinance No. 08-01

The Measure R or "Mammoth Lakes Recreation, Trails and Parks Investment Initiative" *Ordinance No. 08-01* was adopted by Town Council on February 20, 2008 and approved by the voters on June 3, 2008. The Ordinance imposed a Transactions and Use Tax in the amount of one-half percent for the purpose of funding Recreation, Trails and Parks, to be administered by the State Board of Equalization.

Measure R is a special fund designated for use by the Town of Mammoth Lakes only for the planning, construction, operation, maintenance, programming and administration of all trails, parks and recreation facilities managed by the Town of Mammoth Lakes without supplanting existing parks and recreation facility maintenance funds. Please reference TOML ordinance No. 08-01 for additional information.

Measure U Ordinance No. 10-04

The Measure U or "Mammoth Lakes Mobility, Recreation and Arts & Culture Utility Users Tax Ordinance" was adopted by the Mammoth Lakes Town Council on March 17, 2010, and approved by the voters of the Town of Mammoth Lakes on June 8, 2010, repealing municipal code Section 3.44.180, and extending the utility users tax at the tax rate of 2.5% for the purposes of planning, construction, operation, maintenance, programming and administration of facilities and projects for mobility, recreation and arts & culture.

The Measure U Ordinance (No.10-04) states: *"On or after July 1, 2011 all proceeds of the tax and imposed hereunder shall be accounted for and paid into a special fund designated for use by the Town of Mammoth Lakes, and used only for the following purposes: Planning, construction, operation, maintenance, programming and administration of facilities and projects for Mobility, Recreation and Arts & Culture. Such tax proceeds shall not supplant existing funds used for the purposes set forth above.*

MLR Contact Information

Mammoth Lakes Recreation
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Mammoth Lakes, CA 93546

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MAMMOTH LAKES
RECREATION

Fiscal Year 2024/2025
Measure U Grant Cycle

MAMMOTH LAKES
RECREATION

2024/2025

ONE-YEAR

Applications

CLEAN UP THE LAKE

Measure R & U - Grant Application

Reference #	14943239
Status	Complete
Login Username	cara@cleanupthelake.org
Login Email	cara@cleanupthelake.org
Performance Period:	July 1, 2024 - June 30, 2025
Organization	Clean Up the Cayes (DBA Clean Up The Lake)
Organization Mission Statement	At Clean Up the Lake (CUTL) our mission is to activate local communities to join us in taking action to protect the environment, both above and below the surface. Our efforts include engaging with community members to remove submerged litter from natural waterways to improve water quality and ecosystem health while also collecting data and educating the public on how litter accumulates in the environment in unforeseen ways.
Name of Program	Mammoth Lakes Basin SCUBA-enabled Cleanups and Aquatic Invasive Species (AIS) Surveys
Program Description and Purpose	CUTL's work in the Mammoth Lakes basin began with our pilot projects in 2022 which allowed us to survey and assess litter presence and accumulation levels. This pilot cleanup work, and our subsequent full circumnavigation cleanup of Lake George, revealed that the area's lakes were suffering from a submerged litter accumulation problem. Our most recent efforts cleaning Lake George helped us solidify our high-altitude diving protocols in the Mammoth Lakes Basin so that we can keep divers safe and move efficiently while removing litter. We would

now like to take these learnings to Lake Mary as the next step in our mission to clean heavily used lakes in the Mammoth area.

To date CUTL dive teams have removed 1,500 pounds of trash from lakes in the Mammoth Lakes district. This includes removing over 1,000 pounds of litter from Lake George and an estimated 3,274 fishing line snags, at an average of 1,637 snags per mile. To better understand successful examples of our work outside of the basin, yet still nearby in the Eastern Sierra; you can see how we removed over 4,378 pounds of submerged litter from June Lake while discovering and identifying a hybrid milfoil/AIS there. In Convict Lake pilot research, we identified an extremely heavy submerged litter issue on the east side of that lake. This all goes to show the issue of submerged litter and the threat of the spread of aquatic invasive species in the Eastern Sierra and justifies the need for this work at Lake Mary.

To perform the Lake Mary cleanup, CUTL will deploy conservation dive teams with:

·A minimum of 2-3 SCUBA divers. One dive professional will be present at all dives acting as safety diver and one or two SCUBA divers (advanced...

... open water certified or above) focused on removing litter. All divers follow the Professional Association of Diving Instructors (PADI) high altitude dive protocols.

·One to two free divers who facilitate lifting dive bags full of litter to the surface, as well as facilitating additional litter removal and underwater communications required for additional data collection and GPS survey markings for suspected aquatic invasive species.

·One to two kayakers to assist with litter removal, supervising and ensuring diver and free diver safety, maintaining a visible dive flag for all boaters to see, and overseeing verbal communication with any boaters, personal watercraft, or others in close proximity to the dive site.
·One jet skier captain that manages the data collection of ‘on the water data’ including the GPS location and description of dive segments, heavy lift litter items, aquatic invasive species infestations, and historic or unknown items.
·A boat driver facilitates transportation of and assists with the safety of the volunteer divers and surface support teams.
Once litter is lifted to the surface, it is collected onshore and loaded into our trash trailer where it is brought to a central location for volunteers to categorize, photograph, count and weigh every piece of litter that was removed. This information can then be tied back to the dive location and added to our litter database. This database can then be used to inform our education programs and is shared with local governments and other non-profits to give them information they need to make decisions that will further litter mitigation efforts.
This litter needs to be removed because litter that is allowed to remain in the...

... lake will continue to break down, negatively impacting the water quality and habitats in and around the lake. The environmental implications of Lake Mary’s subsurface litter are broad. The abrasion and breakdown of plastics (e.g. single-use plastics, tires) releases microplastics (particles < 5 mm) into the water. Plastic degradation can also release a range of organic chemicals (e.g. BPA, PCBs, PAHs, phthalates,

	and styrene) and heavy metals such as lead and cadmium, that are common additives in plastic production. (References available upon request.) In some cases, these toxins are shown to adversely impact the health of aquatic fauna. The only way to stop the breakdown of this litter is to remove it. Removal of submerged litter via SCUBA cleanup is the least harmful and most efficient methodology. The AIS survey is important because Lake Mary, and other lakes in the area, are highly susceptible to the introduction of AIS. A recent AIS invasion in Lake Tahoe has shown that frequent monitoring is important to identify and respond to the introduction of invasive species. In nearby June Lake our teams discovered a hybrid form of milfoil AIS. Given the proximity, this discovery poses a significant threat to Lake Mary and the Mammoth Lake Basin as fishermen as well as motorized and non-motorized equipment can transport these plants between lakes easily. Our cleanup dives allow us to keep an eye out for suspicious plants and animals. If anything is found, we can take GPS locations and collect samples to send to the California Department of Agriculture for morphological and molecular analysis.
Program Details (timeline, dates, schedule, venue, etc.)	CUTL plans on kicking off the Lake Mary litter removal project the second week of July in 2024. Our goal is to do a complete circumnavigation cleanup of the lake, which will be completed in two weeks. We have scheduled this for the summer season intentionally as a way to increase volunteer engagement as well as being able to increase successful educational and engagement efforts with a larger population of residents and visitors at the lake during higher visitation times. In our

	experience, any opportunity for individuals to see litter being removed from the lake is an opportunity for engagement, education, volunteer recruitment and typically leads to positive behavioral changes by onlookers when it comes to littering habits. The planning phase will occur from April – July in consideration of booking campsites and accommodations, volunteer recruitment in the Mammoth Lakes Basin, data survey form development, supply procurement, securing a restaurant or meeting space to host a planned educational event, putting together lists of resource recommendations to share with our volunteers who are traveling, etc. The implementation phase will occur starting on July 8th and will include cleanup dive days, a litter categorization event, volunteer training and operations, and other operational requirements like in the field data collection, reporting, equipment management and more. Data Analysis and Reporting- review and finalization of data collection, QA/QC, analysis and figure development and report review and finalization (August 2024- Mid November)
Public Benefit	CUTL's SCUBA-enabled litter cleanups and AIS surveys will deliver multiple benefits to both residents of and visitors to the Mammoth Lakes area. First, our litter removal efforts will help mitigate the impacts of recreation and tourism by removing harmful litter before it can break down and negatively impact the lake's ecosystems. By protecting the ecosystems in Lake Mary, it can continue to be thriving destination for fishing, boating, and hiking ensuring that it is an

	economic powerhouse for local businesses and a beautiful place for residents to enjoy and be proud of in the long-term. Second, all the litter removed during our cleanup effort will be sorted, categorized, counted, and weighed so that it can be documented in our freshwater litter dataset. We can then share this dataset with government officials and community stakeholders so that decisions can be made to reduce littering in the long-term, thereby protecting the area's lakes for future generations. Our organization has already been working to share this data and our findings with fishermen at local trade shows in Southern California. Third, identifying any aquatic invasive species, that can deliver devastating economic and recreational impacts, present in Lake Mary and other lakes would give the community an opportunity to manage the impacts and limit the spread, before it is too late. Finally, we have found that the volunteer opportunities that we offer develop a sense of care for and commitment to the environment amongst the volunteers, who are usually residents. When residents get a firsthand look at the amount of litter in the lakes that they love, they become committed to taking action and spreading the word about environmental...
	... protection in their community, making them long-term stewards of the lakes.
Sustainability	CUTL is dedicated to ensuring the long-term protection of lakes crucial to sustaining the community's recreation and economic development. Our organization undertakes various initiatives to support this goal, including litter removal, AIS surveys, data collection and community engagement. Removing litter and

	surveying AIS helps to improve the water quality and support healthy ecosystems. Involving community members in the effort creates informed stewards that will care for the lakes into the future. Sharing the data about the litter that is removed empowers the community to make informed data-driven decisions to keep the lakes healthy for the next generation to enjoy and benefit from.
Quality of Life	The lakes of the Mammoth Lakes Region are an important part of the quality of life for residents and visitors alike. CUTL's litter removal and AIS survey efforts are all about helping lakes, like Lake Mary, stay beautiful, healthy, and vibrant for all to enjoy. Also, keeping these lakes beautiful and healthy will mean that they can continue to support the local economy so that residents can sustain their businesses and therefore their lifestyle in the future. Sometimes what is out of sight is out of mind for many, and this has allowed submerged litter to pile up, and aquatic invasive species run wild and spread quickly. These issues come with the real threat of turning our most beloved bodies of water into polluted pools of water that people will no longer be attracted to or want to recreate in or nearby. By proactively protecting this from happening, we are maintaining that quality of life provided to our communities from the beautiful lakes that we love so much, Lake Mary being one of the prized gems of the Mammoth Lakes Basin.
Stewardship	CUTL's cleanup efforts will offer a variety of volunteer opportunities that allow community members and recreationists who are visiting the area and see our work to get engaged and be active participants in taking care of the environment. By giving community members the

	opportunity to get involved, we can spread awareness about the threat of litter and AIS in the environment and create local stewards who will look after Lake Mary and other lakes, well into the future. Also, CUTL's litter and AIS data collection and sharing efforts are all about providing valuable information to government officials, decision makers and community members so that they can make data-driven decisions to protect the health of the lakes for the long-term.
Deliverable 1:	Final report on the project. This will include general information about litter collected and analyzed, dive operations, volunteers, and community engagement, as well as high-resolution data on the litter and any AIS found within Lake Mary. The litter report will contain detailed information that CUTL gathers using a specialized version of the United Nations Environment Programme (UNEP) marine litter categorization standard. This adaptation accounts for items commonly found in freshwater environments. Following each cleanup, our volunteers meticulously categorize the collected litter into 77+ distinct categories based on material type and use. We then quantify and weigh and number of items in each category, creating a comprehensive profile of the lake's litter impact at specific locations. Each category is systematically photographed and documented in a project workbook, facilitating the identification of prevalent litter types and the density of materials in the lake. Our volunteer surface operations team at CUTL utilizes WildNote software to gather crucial data during dive days. This includes GPS coordinates for the start and end of each dive segment, pinpointing locations of heavy lift items (100 lbs.

	or more) marked for future collection with specialized equipment. We also document locations and images of unidentified items, that may hold historic value, and share these data with the appropriate State Historical Preservation Office (SHPO) or the Tribal Historical Preservation Office (THPO). For AIS, the report will contain the GPS coordinates of potential aquatic invasive species (AIS) populations, identify hotspots, and note areas for future monitoring. We will also provide morphological and...
	... molecular analysis results of samples provided by the California Department of Agriculture. This report gives the detailed and high-resolution data required with submerged litter and AIS problems that lake Mary faces in a way that allows management and agencies to take action to protect these issues from continuing in the future.
Deliverable 2:	Submerged litter remediation, and aquatic invasive species survey of the entire circumference of Lake Mary between 0-25 feet of depth. This includes the completion of cleanup dives, litter removal, liter categorization and AIS survey. CUTL will be performing litter cleanup dives and AIS surveys, at depths from 0-25 feet, that will begin in the second week of July. All litter removed will be categorized and documented. All AIS found will be documented and mapped. Even in the case of native plant species results, this information will be provided in our reports, so the Town has a better understanding of the biology underneath the surface of Lake Mary. This will result in a cleaner lake, with more knowledge and understanding of issues it faces to promote better water quality

	and habitat.
Deliverable 3:	A Social Media campaign that will entail at least 3 educational posts about the project and what people can do to prevent litter from entering local lakes. This campaign will reach our 6,000+ followers on Instagram and Facebook. These posts will include acknowledgement of our funders. We will also create and disseminate one Press Release about our work in Lake Mary. It will contain high-level information on litter data, our AIS survey, and highlight the contributions of our funders as well.
Do you have additional Goals/Deliverables?	Yes
Deliverable 4:	A local event where we can share information about who we are, the work we have completed to date and what we plan to do next. This event would occur during our time in Mammoth Lakes implementing the Lake Mary project. Attendees would have the chance to ask questions and encouraged to volunteer or get involved.
Do you have additional Goals/Deliverables?	No
Attendees - Locals	60
Attendees - Visitors	60
Volunteers	35
Paid Staff	3
Organizers	3
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	Yes
What permits and/or permissions are required and have you secured them? If not secured, please explain.	We have communicated our full project goals and targeted work with Winfred Wong, the Mammoth Lakes District Forest Ranger for Inyo National Forest and he indicated that “after

	speaking with Inyo National Forest staff, they have concluded that you do not need any further documentation from Inyo NF. Because your activity is less than 75 people, we consider your activities normal recreational use that does not need any formal approval. This includes both trash clean-up at June Lake, reconnaissance in the Lakes Basin and further clean up in any Inyo NF lakes." Correspondence' included the following persons of interest, Jameisha Washington and Stephanie Heller of the USDA, Keith Dawley and Christopher Buehrer of Mammoth Lake Forest Service. A copy of communications can be provided at request. Additionally we have a 10 year lease with the California State Lands Commission
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	No - We run this event as a volunteer opportunity that individuals can partake in at no cost to them. Costs are covered for their involvement through hour program and project costs that we budget.
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	This program requires very specific certifications for our divers, jet-ski captains, and our boat captains. It also requires certain capabilities and skills for our surface support team. However, accommodation can be made for other volunteer positions, like litter sorting and information sharing, on a case-by-case basis to the best of our ability. We communicate with volunteers in advance of our arrival to make sure that we set expectations on position requirements, we must vet each volunteer to ensure they are physically cable of doing the job to ensure the safety of the entire volunteer team.
Application is for	One-Year Funding

Funding Request	
Year 1	
Amount	12,739.48
Amount	13322.00
Description of Expense	Salaries, Fringe Benefits, Contractors
Amount: Measure U	6661.00
Amount: Cash Match	6661.00
Amount: In-Kind	0.00
Total:	13322.00
Amount	12794.00
Description of Expense	Equipment
Amount: Measure U	0.00
Amount: Cash Match	0.00
Amount: In-Kind	12794.00
Total:	12794.00
Amount	2406.00
Description of Expense	Supplies
Amount: Measure U	1078.00
Amount: Cash Match	1078
Amount: In-Kind	250
Total:	2406.00
Amount	4100.00
Description of Expense	Fuel and Accommodations
Amount: Measure U	1925
Amount: Cash Match	2175.00
Amount: In-Kind	0.00
Total:	4100.00

Amount	6206.71
Description of Expense	Inspections, Outreach and Overhead
Amount: Measure U	3075.48
Amount: Cash Match	3131.23
Amount: In-Kind	0.00
Total:	6206.71
Total Cost of Expense Items:	38828.71
Total Measure U:	12739.48
Total Cash Match:	13045.23
Total In-Kind:	13044.00
Total Cash Match + In-Kind:	26089.23
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
If you have additional expenses, please list the amount and description on a separate document and upload here.	CUTL_-_Lake_Mary_MLR_Grant_Application_Budget_V2.xlsx (85 KB)
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	82-5280324
Organization Current Year Budget	FY24_CUTL_Annual_Budget-1.23.24-FINAL.xlsx (847 KB)
Organization Prior Year Budget	FY23_CUTL_Annual_Budget.xlsx (905 KB)
Organization Most Current Tax Return/990 Form	Return_for_CLEANUPX.pdf (3.39 MB)
Point of Contact	Colin West
Title	Founder and CEO
Email	colin@cleanupthelake.org
Phone	530-562-7131
Are Business address and mailing address the same?	No

Business Address	925 Tahoe Blvd
City	Incline Village
State	Nevada
Zip Code	89451
Mailing Address	PO Box 5016
City	Stateline
State	Nevada
Zip Code	89449
Website and/or Social Media	www.cleanupthelake.org Instagram @Cleanupthelake
Last Update	2024-01-24 11:12:56
Start Time	2024-01-22 10:14:21
Finish Time	2024-01-24 11:12:56
IP	24.205.100.122
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/res/formLoginReturn

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MAMMOTH CHANNEL

Measure R & U - Grant Application

Reference #	13104585
Status	Complete
Organization	mammothchannel
Organization Mission Statement	Mammoth Channel Mission is to provide quality local programming to the area. To provide affordable advertising to local businesses. To educate viewers about the culture, natural history, and earth sciences of the area. Continue to produce new programs. To digitize historical. video and re-edit archive footage into "Evergreen" segments.
Name of Program	Archive Video Project
Program Description and Purpose	The Mammoth Channel began in 1980 under the umbrella of Mammoth Electric-Cable TV.For 20 years analog videotape was used to record local news and entertainment. The Mammoth Channel has over 1,000 hours of those videotapes that should be transferred to a digital format. Edit the video into "evergreen" stories so it can be used as archive programming on the local channel and preserve the history of the area.
Program Details (timeline, dates, schedule, venue, etc.)	There are at least 4 formats of analog tape to transfer, 3/4", Hi8, VHS and DVCam. There is not any fast way to do the transfer. It will take real time, Re: One Hour tape, One Hour transfer time. There are an estimated 1,000 tapes, or more ... Logging tapes average 2 hrs per 1hr of video. Editing time varies but on average 1hr editing time per 1 minute of programming.All of the video

	needs to be edited and exported into a viewable file.Exporting tapes to the cloud for storage
Public Benefit	The public benefit of this project helps add to the quality of life by preserving some of the history of the area and help viewers appreciate the area that they live in or visit.
Sustainability	I will sustain the project personally
Quality of Life	This programs will preserve history of the area and help everyone enjoy the area with a better understanding of the region.
Stewardship	Will help people understand the importance of stewardship.
Deliverable 1:	Deliverable will be in the form of edited video programs used on The Mammoth Channel .
Deliverable 2:	Edited Segments
Deliverable 3:	Edited Progroams
Do you have additional Goals/Deliverables?	No
Attendees - Locals	1
Attendees - Visitors	1
Volunteers	1
Paid Staff	1
Organizers	1
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	No
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	NO
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these	Yes

requirements? (Resource: https://www.ada.gov/effective-comm.htm)	
Application is for	One-Year Funding
Funding Request	
Year 1	
Amount	10,000
Amount	10,000
Description of Expense	200 hours of labor
Amount: Measure U	10000
Amount: Cash Match	5000
Amount: In-Kind	10000
Total:	25000.00
Total:	0.00
Total:	0.00
Total:	0.00
Total:	0.00
Total Cost of Expense Items:	25000.00
Total Measure U:	10000.00
Total Cash Match:	5000.00
Total In-Kind:	10000.00
Total Cash Match + In-Kind:	15000.00
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Other
Federal EIN number or ID number:	473-70-9980
Organization Current Year Budget	GrantProgramBudget.xlsx (161 KB)
Organization Prior Year Budget	Measure_U_Grant_Application.docx (112 KB)

Point of Contact	Dan McConnell
Title	Owner
Email	danmcconnell55@gmail.com
Phone	7609372043
Are Business address and mailing address the same?	Yes
Business Address	USPS Box 7905
City	Mammoth Lakes
State	California
Last Update	2024-01-05 09:44:00
Start Time	2023-01-27 14:53:52
Finish Time	2023-01-27 15:22:26
IP	207.254.229.136
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/res/formLoginNew

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2022 Individual Return
prepared for:

DANIEL V. McCONNELL
PO BOX 7905
MAMMOTH LAKES, CA 93546

Torrey Pines Advisors & Accountants
250 E Line Street
Bishop, CA 93514

DANIEL V. MCCONNELL [redacted]

	2022	2021	DIFF
INCOME			
INTEREST INCOME	38	41	-3
DIVIDEND INCOME	905	1,270	-365
REFUNDS OF STATE AND LOCAL TAXES	0	53	-53
BUSINESS INCOME	5,868	8,481	-2,613
CAPITAL GAIN OR LOSS	480	9,894	-9,414
UNEMPLOYMENT COMPENSATION	0	21,801	-21,801
TOTAL INCOME	7,291	41,540	-34,249
ADJUSTMENTS TO INCOME			
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX	415	599	-184
IRA DEDUCTION	2,502	0	2,502
TOTAL ADJUSTMENTS	2,917	599	2,318
ADJUSTED GROSS INCOME	4,374	40,941	-36,567
ITEMIZED DEDUCTIONS			
MEDICAL & DENTAL	6,272	4,629	1,643
TAXES	2,445	595	1,850
INTEREST	6,135	6,708	-573
CONTRIBUTIONS	1,500	1,500	0
TOTAL ITEMIZED DEDUCTIONS	16,352	13,432	2,920
TAX COMPUTATION			
STANDARD DEDUCTION	14,700	14,250	450
CHARITABLE CONTR. IF TAKING STANDARD DED	0	300	-300
LARGER OF ITEMIZED OR STANDARD DEDUCTION	16,352	14,550	1,802
QUALIFIED BUSINESS INCOME DEDUCTION	0	1,577	-1,577
TAXABLE INCOME	-11,978	24,814	-36,792
TAX BEFORE CREDITS	0	1,514	-1,514
CREDITS			
FOREIGN TAX CREDIT	0	66	-66
TOTAL CREDITS	0	66	-66
TAX AFTER CREDITS	0	1,448	-1,448
OTHER TAXES			
SELF-EMPLOYMENT TAX	829	1,198	-369
TOTAL TAX	829	2,646	-1,817
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD	0	1,107	-1,107
TOTAL PAYMENTS	0	1,107	-1,107
REFUND OR AMOUNT DUE			
UNDERPAYMENT PENALTY	0	24	-24
AMOUNT YOU OWE	829	1,563	-734
TAX RATES			
MARGINAL TAX RATE	0.0%	12.0%	-12.0%
EFFECTIVE TAX RATE	0.0%	10.7%	-10.7%

DANIEL V. MCCONNELL [redacted]

	2022	2021	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME	4,374	40,941	-36,567
CALIFORNIA SUBTRACTIONS			
STATE TAX REFUND	0	53	-53
UNEMPLOYMENT COMPENSATION	0	21,801	-21,801
TOTAL SUBTRACTIONS FROM FEDERAL AGI	0	21,854	-21,854
CALIFORNIA ADDITIONS			
BUSINESS INCOME OR (LOSS)	0	1,483	-1,483
TOTAL ADDITIONS TO FEDERAL AGI	0	1,483	-1,483
ADJUSTED GROSS INCOME			
ADJUSTED GROSS INCOME	4,374	20,570	-16,196
ITEMIZED DEDUCTIONS			
ITEMIZED DEDUCTION BEFORE LIMITATION	15,963	12,837	3,126
CALIFORNIA ITEMIZED DEDUCTIONS	15,963	12,837	3,126
CALIFORNIA STANDARD DEDUCTION	5,202	4,803	399
TAX COMPUTATION			
TOTAL TAXABLE INCOME	0	7,733	-7,733
TAX	0	77	-77
EXEMPTION CREDITS	280	258	22
NET TAX	0	0	0
PAYMENTS			
CALIFORNIA INCOME TAX WITHHELD	0	0	0
EARNED INCOME TAX CREDIT	226	0	226
TOTAL PAYMENTS	226	0	226
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	226	0	226
AMOUNT YOU OWE	0	0	0
AMOUNT REFUNDED TO YOU	226	0	226
TAX RATES			
MARGINAL TAX RATE	0.0%	1.0%	-1.0%

DANIEL V. MCCONNELL [redacted]

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, SCH 1, SCH 2, 1040-V, SCH A, SCH C, SCH D, SCH SE, 1116
1116 SCH B*, 4562, 4797, 4868, 8829, 8879, 8995
CALIFORNIA: 540, SCH CA, 3514, 3596, 3853, E-FILE INSTRUCTIONS, E-FILE CONSENT
E-FILE FORM 8879

* INDICATES A FORM THAT WILL BE AUTO-ATTACHED

TAX RATES

	MARGINAL	EFFECTIVE
FEDERAL	0.%	0.%
CALIFORNIA	0.%	0.%

CARRYOVERS TO 2023

FEDERAL CARRYOVERS

AMT FOREIGN TAX CREDIT	175.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY"
INCLUDE YOUR SSN, DAYTIME PHONE # AND "2022 FORM 4868"
MAIL YOUR PAYMENT TO:

INTERNAL REVENUE SERVICE
P.O. BOX 802503
CINCINNATI, OH 45280-2503

▼ DETACH HERE ▼

1032

Form **4868**
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2022, or other tax year beginning , 2022, ending , .

FDIA4601L 10/04/22

2022

Part I Identification

1

DANIEL V. MCCONNELL
PO BOX 7905
MAMMOTH LAKES, CA 93546

2 [redacted] 3

Part II Individual Income Tax

4	Estimate of total tax liability for 2022	$ 829.
5	Total 2022 payments	0.
6	**Balance due.** Subtract line 5 from line 4. See instructions	829.
7	Amount you're paying (see instructions)	829.
8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐

473709980 YK MCC0 30 0 202212 670

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

Filing Status Check only one box. [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	Your social security number
DANIEL V. MCCONNELL		[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
PO BOX 7905

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
MAMMOTH LAKES, CA 93546

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction **Someone can claim:** [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** [X] Were born before January 2, 1958 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1958 [ ] Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here. . . . [ ]	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	
2a	Tax-exempt interest	2a		b Taxable interest	2b	38.
3a	Qualified dividends	3a	239.	b Ordinary dividends	3b	905.
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here				7	480.
8	Other income from Schedule 1, line 10				8	5,868.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	7,291.
10	Adjustments to income from Schedule 1, line 26				10	2,917.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	4,374.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	16,352.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	16,352.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	0.

Attach Sch. B if required.

Standard Deduction for —
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	829.
	24	Add lines 22 and 23. This is your **total tax**	24	829.
Payments	25	Federal income tax withheld from:		
		a Form(s) W-2 — 25a		
		b Form(s) 1099 — 25b		
		c Other forms (see instructions) — 25c		
		d Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	0.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.		**b** Routing number _____ **c** Type: ☐ Checking ☐ Savings		
		d Account number _____		
	36	Amount of line 34 you want **applied to your 2023 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	829.
	38	Estimated tax penalty (see instructions) — 38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name: KYLE SPIEWAK, CPA | Phone no.: (760) 873-5800 | Personal identification number (PIN): 11113

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation: BUSINESS OWNER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name: KYLE SPIEWAK, CPA	Preparer's signature	Date	PTIN: P01261475	Check if: ☐ Self-employed
Firm's name: TORREY PINES ADVISORS & ACCOUNTANTS			Phone no.: (760) 873-5800	
Firm's address: 250 E LINE STREET BISHOP, CA 93514			Firm's EIN: 83-1240699	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DANIEL V. MCCONNELL

Your social security number [redacted]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			**1**	
2a	Alimony received			**2a**	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			**3**	5,868.
4	Other gains or (losses). Attach Form 4797			**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			**5**	
6	Farm income or (loss). Attach Schedule F			**6**	
7	Unemployment compensation			**7**	
8	Other income:				
a	Net operating loss	**8a**	( )		
b	Gambling	**8b**			
c	Cancellation of debt	**8c**			
d	Foreign earned income exclusion from Form 2555	**8d**	( )		
e	Income from Form 8853	**8e**			
f	Income from Form 8889	**8f**			
g	Alaska Permanent Fund dividends	**8g**			
h	Jury duty pay	**8h**			
i	Prizes and awards	**8i**			
j	Activity not engaged in for profit income	**8j**			
k	Stock options	**8k**			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	**8l**			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	**8m**			
n	Section 951(a) inclusion (see instructions)	**8n**			
o	Section 951A(a) inclusion (see instructions)	**8o**			
p	Section 461(l) excess business loss adjustment	**8p**			
q	Taxable distributions from an ABLE account (see instructions)	**8q**			
r	Scholarship and fellowship grants not reported on Form W-2	**8r**			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	**8s**	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	**8t**			
u	Wages earned while incarcerated	**8u**			
z	Other income. List type and amount:	**8z**			
9	Total other income. Add lines 8a through 8z			**9**	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			**10**	5,868.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	415.
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	2,502.
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1(Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	2,917.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DANIEL V. MCCONNELL

Your social security number

[redacted]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	829.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Reserved for future use			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	829.

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

DANIEL V. MCCONNELL

Your social security number

[redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	6,600.		
	2	Enter amount from Form 1040 or 1040-SR, line 11	2 4,374.			
	3	Multiply line 2 by 7.5% (0.075)	3	328.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	6,272.
Taxes You Paid	5	State and local taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box [X]	5a	402.		
	b	State and local real estate taxes (see instructions)	5b	2,043.		
	c	State and local personal property taxes	5c			
	d	Add lines 5a through 5c	5d	2,445.		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	2,445.		
	6	Other taxes. List type and amount:	6			
	7	Add lines 5e and 6			7	2,445.
Interest You Paid **Caution:** Your mortgage interest deduction may be limited. See instructions.	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box [ ]				
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	5,882.		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	253.		
	d	Reserved for future use	8d			
	e	Add lines 8a through 8c	8e	6,135.		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	6,135.
Gifts to Charity **Caution:** If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	1,500.		
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12			
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	1,500.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	0.
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			16	0.
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17	16,352.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box [ ]				

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
DANIEL V. MCCONNELL	[redacted]

A Principal business or profession, including product or service (see instructions): ADVERTISING/VIDEO PRODUCTION

B Enter code from instructions: 541800

C Business name. If no separate business name, leave blank.: MAMMOTH CHANNEL

D Employer ID number (EIN) (see instr.):

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses. [X] Yes [ ] No

H If you started or acquired this business during 2022, check here [ ]

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions. [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [X] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	37,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	37,500.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	37,500.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	850.
7	**Gross income.** Add lines 5 and 6	7	38,350.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	4,840.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	20,000.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	500.
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	450.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	1,300.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a	28	27,090.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	11,260.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	5,392.
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1** (**Form 1040**), **line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	5,868.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1** (**Form 1040**), **line 3**, and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ **Yes** ☐ **No**

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	**35**	
36	Purchases less cost of items withdrawn for personal use	**36**	
37	Cost of labor. Do not include any amounts paid to yourself	**37**	
38	Materials and supplies	**38**	
39	Other costs	**39**	
40	Add lines 35 through 39	**40**	
41	Inventory at end of year	**41**	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	**42**	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

ACCOUNTING	450.
DUES AND SUBSCRIPTIONS	250.
TELEPHONE	600.

48	**Total other expenses.** Enter here and on line 27a	**48**	1,300.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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2022

Attachment Sequence No. **12**

Name(s) shown on return

DANIEL V. MCCONNELL

Your social security number

[redacted]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	20,378.	24,226.		-3,848.
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	-3,848.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	53,257.	48,929.		4,328.
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instrs	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	4,328.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** 480.

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 **both** zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

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2022

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

DANIEL V. MCCONNELL

Social security number of person with **self-employment** income [redacted]

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	**1a**	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	**1b**	

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	**2**	5,868.
3	Combine lines 1a, 1b, and 2	**3**	5,868.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	**4a**	5,419.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	**4b**	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue	**4c**	5,419.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — **5a**		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	**5b**	0.
6	Add lines 4c and 5b	**6**	5,419.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	**7**	147,000.
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $147,000 or more, skip lines 8b through 10, and go to line 11 — **8a**		
b	Unreported tips subject to social security tax from Form 4137, line 10 — **8b**		
c	Wages subject to social security tax from Form 8919, line 10 — **8c**		
d	Add lines 8a, 8b, and 8c	**8d**	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	**9**	147,000.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	**10**	672.
11	Multiply line 6 by 2.9% (0.029)	**11**	157.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**	**12**	829.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** — **13** 415.		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,060, **or (b)** your net farm profits[2] were less than $6,540.

14	Maximum income for optional methods	**14**	6,040.
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,040. Also, include this amount on line 4b above	**15**	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,540 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	**16**	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	**17**	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)
Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

2022

Attachment Sequence No. **19**

Name

DANIEL V. MCCONNELL

ID no. as shown on page 1 of your tax return

[redacted]

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Section 951A category income **c** ☒ Passive category income **e** ☐ Section 901(j) income **g** ☐ Lump-sum distributions
b ☐ Foreign branch category income **d** ☐ General category income **f** ☐ Certain income re-sourced by treaty

h Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total	
	A	**B**	**C**		(Add columns A, B, and C.)
i Enter the name of the foreign country or U.S. possession	OTHER COUNTRY (VARIOUS)	CANADA			
1a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 1	405.	500.		**1a**	905.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
Deductions and losses (Caution: See instructions.):					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction (see instructions)	8,717.	8,717.			
b Other deductions (attach statement)					
c Add lines 3a and 3b	8,717.	8,717.			
d Gross foreign source income (see instructions)	405.	500.			
e Gross income from all sources (see instructions)	45,303.	45,303.			
f Divide line 3d by line 3e (see instructions)	0.008940	0.011037			
g Multiply line 3c by line 3f	78.	96.			
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	78.	96.		**6**	174.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				**7**	731.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			**(p)** Other foreign taxes paid or accrued	Taxes withheld at source on:			**(t)** Other foreign taxes paid or accrued	**(u)** Total foreign taxes paid or accrued (add columns (q) through (t))
	(l) Date paid or accrued	**(m)** Dividends	**(n)** Rents & royalties	**(o)** Interest		**(q)** Dividends	**(r)** Rents & royalties	**(s)** Interest		
A	1099 TAXES									
B	1099 TAXES									
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8**

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year	10		
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11	Add lines 9 and 10	11		
12	Reduction in foreign taxes (see instructions)	12	( )	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	731.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	731.	
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19 1.000000000
20	**Individuals:** Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions			20
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)			21
22	Increase in limitation (section 960(c))			22
23	Add lines 21 and 22			23
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions			24

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31			32
33	Enter the **smaller** of line 20 or line 32			33
34	Reduction of credit for international boycott operations. See instructions for line 12			34
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a			35

Form **1116**

Department of the Treasury
Internal Revenue Service

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

2022

Attachment Sequence No. **19**

Name

DANIEL V. MCCONNELL

ID no. as shown on page 1 of your tax return

[redacted]

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Section 951A category income **c** ☒ Passive category income **e** ☐ Section 901(j) income **g** ☐ Lump-sum distributions

b ☐ Foreign branch category income **d** ☐ General category income **f** ☐ Certain income re-sourced by treaty

h Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total	
	A	**B**	**C**		(Add columns A, B, and C.)
i Enter the name of the foreign country or U.S. possession	OTHER COUNTRY (VARIOUS)	CANADA			
1a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 2	405.	500.		**1a**	905.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
Deductions and losses (Caution: See instructions.):					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction (see instructions)	6,272.	6,272.			
b Other deductions (attach statement)					
c Add lines 3a and 3b	6,272.	6,272.			
d Gross foreign source income (see instructions)	405.	500.			
e Gross income from all sources (see instructions)	45,303.	45,303.			
f Divide line 3d by line 3e (see instructions)	0.008940	0.011037			
g Multiply line 3c by line 3f	56.	69.			
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	56.	69.		**6**	125.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				**7**	780.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			**(p)** Other foreign taxes paid or accrued	Taxes withheld at source on:			**(t)** Other foreign taxes paid or accrued	**(u)** Total foreign taxes paid or accrued (add columns (q) through (t))
	(l) Date paid or accrued	**(m)** Dividends	**(n)** Rents & royalties	**(o)** Interest		**(q)** Dividends	**(r)** Rents & royalties	**(s)** Interest		
A	1099 TAXES									
B	1099 TAXES									
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8**

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. SEE STMT 3	10	175.	
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11	Add lines 9 and 10	11	175.	
12	Reduction in foreign taxes (see instructions)	12	( )	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit		14	175.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	780.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	780.	
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	-9,533.	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"		19	1.000000000
20	**Individuals:** Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions		20	
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)		21	
22	Increase in limitation (section 960(c))		22	
23	Add lines 21 and 22		23	
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions		24	

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31		32	
33	Enter the **smaller** of line 20 or line 32		33	
34	Reduction of credit for international boycott operations. See instructions for line 12		34	
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a		35	

SCHEDULE B
(Form 1116)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 2022, or other tax year beginning _____, and ending _____.

See separate instructions.
Attach to Form 1116.
Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

Name

ALTERNATIVE MINIMUM TAX

Identifying number as shown on page 1 of your tax return

DANIEL V. MCCONNELL [redacted]

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.
Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

a ☐ Reserved for future use
b ☐ Foreign branch category income
c ☒ Passive category income
d ☐ General category income
e ☐ Section 901(j) income
f ☐ Certain income re-sourced by treaty
g ☐ Lump-sum distributions

h If box e is checked, enter the country code for the sanctioned country. See instructions . . . . . _____

i If box f is checked, enter the country code for the treaty country. See instructions . . . . . _____

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))				6.	25.	11.	42.
2 Adjustments to line 1 (enter description—see instructions):							
a Carryback adjustment (see instr.)							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)				6.	25.	11.	42.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	**-0-**			6.	25.	11.	42.

Foreign Tax Carryover Reconciliation (*continued*)	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	42.	43.	40.	37.	13.		175.
2 Adjustments to line 1 (enter description—see instructions):							
a Carryback adjustment (see instr.)							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	42.	43.	40.	37.	13.		175.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	42.	43.	40.	37.	13.		175.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2022

Attachment Sequence No. **27**

Name(s) shown on return

DANIEL V. MCCONNELL

Identifying number

4[redacted]

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	**1a**	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft – Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SKI EQUIPMENT	3/01/00	1/01/22		600.	600.	0.
AZTEC TENTS	6/01/05	1/01/22		1,500.	1,500.	0.
200 CHAIRS & 10 TABLES	6/01/05	1/01/22		500.	500.	0.
APPLE COMPUTER	8/01/06	1/01/22		1,000.	1,000.	0.

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	**7**	
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.
Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Name(s) shown on return

DANIEL V. MCCONNELL

Your taxpayer identification number

[redacted]

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*
Use this form if your taxable income, before your qualified business income deduction, is at or below $170,050 ($340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	MAMMOTH CHANNEL	473-70-9980	5,453.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	5,453.		
3	Qualified business net (loss) carryforward from the prior year	3	(0.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	5,453.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	1,091.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	319.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	319.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	64.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	1,155.
11	Taxable income before qualified business income deduction (see instructions)	11	0.		
12	Net capital gain (see instructions)	12	719.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

Form **8829**

Department of the Treasury
Internal Revenue Service

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.
Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **176**

Name(s) of proprietor(s)

DANIEL V. MCCONNELL

Your social security number [redacted]

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)			1	300
2	Total area of home			2	1,200
3	Divide line 1 by line 2. Enter the result as a percentage			3	25.00 %
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.				
4	Multiply days used for daycare during year by hours used per day	4	hr		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6			
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3			7	25.00 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions.				8	11,260.
	See instructions for columns (a) and (b) before completing lines 9-22.		**(a)** Direct expenses	**(b)** Indirect expenses		
9	Casualty losses (see instructions)	9				
10	Deductible mortgage interest (see instructions)	10				
11	Real estate taxes (see instructions)	11				
12	Add lines 9, 10, and 11	12				
13	Multiply line 12, column (b), by line 7			13		
14	Add line 12, column (a), and line 13				14	
15	Subtract line 14 from line 8. If zero or less, enter -0-				15	11,260.
16	Excess mortgage interest (see instructions)	16		7,843.		
17	Excess real estate taxes (see instructions)	17		2,724.		
18	Insurance	18				
19	Rent	19				
20	Repairs and maintenance	20	500.	5,000.		
21	Utilities	21		4,000.		
22	Other expenses (see instructions)	22				
23	Add lines 16 through 22	23	500.	19,567.		
24	Multiply line 23, column (b), by line 7			24	4,892.	
25	Carryover of prior year operating expenses (see instructions)			25		
26	Add line 23, column (a), line 24, and line 25				26	5,392.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26				27	5,392.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15				28	5,868.
29	Excess casualty losses (see instructions)			29		
30	Depreciation of your home from line 42 below			30		
31	Carryover of prior year excess casualty losses and depreciation (see instructions)			31		
32	Add lines 29 through 31				32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32				33	
34	Add lines 14, 27, and 33				34	5,392.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684.** See instructions				35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions				36	5,392.

Part III Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2023

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return

DANIEL V. MCCONNELL

Identifying number [redacted]

Business or activity to which this form relates

SCHEDULE C - MAMMOTH CHANNEL

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B — Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	30-year			30 yrs	MM	S/L	
d	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.**)**

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** | **24b** If 'Yes,' is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions					**25**			
26 Property used more than 50% in a qualified business use:								
1995 FORD E-	11/30/14	100.0	1,800.		5.0	200DB HY		
CHEVY ASTRO	7/01/19	53.33						
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1					**28**		0.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	0.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)	200		8,000									
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven			7,000									
33 Total miles driven during the year. Add lines 30 through 32	200		15,000									
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?		X	X									
35 Was the vehicle used primarily by a more than 5% owner or related person?		X	X									
36 Is another vehicle available for personal use?	X		X									

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions **Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

DANIEL V. MCCONNELL

STATEMENT 1
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOU

DIVIDENDS		$ 235.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	170.	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS		170.
	TOTAL	$ 405.

FOREIGN COUNTRY OR U.S. POSSESSION: CANADA

DIVIDENDS		$ 431.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	69.	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS		69.
	TOTAL	$ 500.

STATEMENT 2
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME (AMT)
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOU

DIVIDENDS		$ 235.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	170.	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS		170.
	TOTAL	$ 405.

FOREIGN COUNTRY OR U.S. POSSESSION: CANADA

DIVIDENDS		$ 431.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	69.	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS		69.
	TOTAL	$ 500.

STATEMENT 3
FORM 1116, LINE 10
FOREIGN TAX CREDIT CARRYOVERS

PASSIVE INCOME - AMT

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
2021 FOREIGN TAX CREDIT	13.	0.	0.	13.
2020 FOREIGN TAX CREDIT	37.	0.	0.	37.
2019 FOREIGN TAX CREDIT	40.	0.	0.	40.
2018 FOREIGN TAX CREDIT	43.	0.	0.	43.
2017 FOREIGN TAX CREDIT	11.	0.	0.	11.
2016 FOREIGN TAX CREDIT	25.	0.	0.	25.
2015 FOREIGN TAX CREDIT	6.	0.	0.	6.
2014 FOREIGN TAX CREDIT	0.	0.	0.	0.
2013 FOREIGN TAX CREDIT	0.	0.	0.	0.
2012 FOREIGN TAX CREDIT	0.	0.	0.	0.

TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10 $ 175.

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE TAXPAYER HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F).

DANIEL V. MCCONNELL
473-70-9980
PO BOX 7905
MAMMOTH LAKES, CA 93546

DANIEL V. MCCONNELL [redacted]

VEHICLE EXPENSES - SCHEDULE C
ADVERTISING/VIDEO PRODUCTION

	CHEVY ASTRO VAN
1. DATE PLACED IN SERVICE	7/01/19
2. TOTAL MILEAGE	15,000
3. BUSINESS MILEAGE (1/1/2022 - 6/30/2022)	4,000
4. BUSINESS MILEAGE (7/1/2022 - 12/31/2022)	4,000
5. TOTAL BUSINESS MILEAGE (ADD LINES 3 AND 4)	8,000
6. BUSINESS USE PERCENTAGE (DIVIDE LINE 5 BY LINE 2)	0.5333
STANDARD MILEAGE RATE:	
7. MULTIPLY LINE 3 BY 58.5 CENTS (.585)	2,340.
8. MULTIPLY LINE 4 BY 62.5 CENTS (.625)	2,500.
9. STANDARD MILEAGE DEDUCTION (ADD LINES 7 AND 8)	4,840.
DEPR. PORTION OF MILEAGE (26 CENTS PER MILE)	2,080.
OPER. EXP. PORTION OF MILEAGE (32.5 CENTS PER MILE)	1,300.
OPER. EXP. PORTION OF MILEAGE (36.5 CENTS PER MILE)	1,460.
ACTUAL EXPENSES:	
10. GASOLINE, LUBE AND OIL	
11. REPAIRS	3,500.
12. TIRES	1,000.
13. INSURANCE	400.
14. MISCELLANEOUS	
15. AUTO LICENSE (EXCEPT PERSONAL PROPERTY TAXES)	
16. VALUE OF EMPLOYER-PROVIDED VEHICLE	
17. VEHICLE RENT OR LEASE (LESS INCLUSION)	
18. ADD LINES 10 THROUGH 17	4,900.
19. MULTIPLY LINE 18 BY LINE 6	2,613.
20. DEPRECIATION AND SECTION 179 DEDUCTION	
21. ADD LINES 19 AND 20	2,613.
TOTAL VEHICLE EXPENSES:	STD MILEAGE
22. ENTER LINE 9 OR LINE 21	4,840.
23. PARKING FEES AND TOLLS	
24. ADD LINES 22 AND 23	4,840.
VEHICLE EXPENSE ALLOCATION:	
25. CAR AND TRUCK EXPENSES	4,840.
26. DEPRECIATION	
27. VEHICLE RENT OR LEASE PAYMENTS	
28. ADD LINES 25, 26, AND 27	4,840.
29. INTEREST EXPENSE (BUSINESS PORTION)	
30. TAXES AND LICENSES (BUSINESS PORTION)	
31. PERSONAL PROPERTY TAXES (SCHEDULE A)	

DANIEL V. MCCONNELL [redacted]

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE C - MAMMOTH CHANNEL																
AUTO / TRANSPORT EQUIPMENT																
22	1995 FORD E-250 VAN **	11/30/14		1,800				1,800			0		200DB HY	5		0
	TOTAL AUTO / TRANSPORT EQUIP			1,800		0	0	1,800	0	0	0	0				0
COMPTR EQUIP 1.22400/INSTIT																
10	APPLE COMPUTER	8/01/06	1/01/22	1,000							1,000	1,000	200DB HY	5		0
	TOTAL COMPTR EQUIP 1.22400/IN			1,000		0	0	0	0	0	1,000	1,000				0
FURNITURE AND FIXTURES																
8	200 CHAIRS & 10 TABLES	6/01/05	1/01/22	500							500	500	200DB HY	7		0
	TOTAL FURNITURE AND FIXTURE			500		0	0	0	0	0	500	500				0
MACHINERY AND EQUIPMENT																
1	LIGHTS & AUDIO EQUIPMENT`	3/01/99		1,200							1,200	1,200	200DB HY	5		0
2	SKI EQUIPMENT	3/01/00	1/01/22	600							600	600	200DB HY	5		0
3	SONY TRV-950	7/15/02		2,249				2,249			0		200DB HY	5		0
4	COMPUTER	6/30/04		1,800				900			900	900	200DB HY	5		0
5	TEXSCAN COMPUTER	7/01/05		2,650							2,650	2,650	200DB HY	5		0
7	AZTEC TENTS	6/01/05	1/01/22	1,500							1,500	1,500	200DB HY	7		0
11	VIDEO CAPTURE & PLAYBACK	7/01/05		10,000							10,000	8,000	200DB HY	5		0
12	SONY VIDEO PLAY/REC	1/01/07		600							600	600	200DB HY	5		0
13	APPLE COMPUTER	2/01/07		2,500							2,500	2,500	200DB HY	5		0

DANIEL V. MCCONNELL [redacted]

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
14	MONITOR	6/01/07		300							300	300	200DB HY	5		0
15	CHYTV	2/01/09		1,000							1,000	1,000	200DB HY	5		0
16	SONY TRV-9	9/01/09		1,000							1,000	1,000	200DB HY	5		0
17	GO PRO CAM	10/01/09		300							300	300	200DB HY	5		0
19	APPLE COMPUTER	10/01/10		3,000				3,000			0		200DB HY	5		0
20	SONY CAMERA HVR-VIU	10/15/10		2,500				2,500			0		200DB HY	5		0
21	LACIE HARD DRIVE	8/05/10		315				315			0		200DB HY	5		0
	TOTAL MACHINERY AND EQUIPME			31,514		0	0	8,964	0	0	22,550	20,550				0
	TOTAL DEPRECIATION			34,814		0	0	10,764	0	0	24,050	22,050				0
SCHEDULE A (POINTS)																
AMORTIZATION																
18	POINTS - REFINANCE	1/01/09		3,800							3,800	2,783	S/L	15		253
	TOTAL AMORTIZATION			3,800		0	0	0	0	0	3,800	2,783				253
	TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0
	GRAND TOTAL AMORTIZATION			3,800		0	0	0	0	0	3,800	2,783				253
	GRAND TOTAL DEPRECIATION			34,814		0	0	10,764	0	0	24,050	22,050				0
	DEPRECIATION ASSETS SOLD			3,600		0	0	0	0	0	3,600	3,600				0
	DEPR REMAINING ASSETS			31,214		0	0	10,764	0	0	20,450	18,450				0

DANIEL V. MCCONNELL [redacted]

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.

**ASSET INCLUDED IN UNADJUSTED BASIS IMMEDIATELY AFTER ACQUISITION FOR THE QBI CALCULATION.

DANIEL V. MCCONNELL [redacted]

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
SCHEDULE C - MAMMOTH CHANNEL															
AUTO / TRANSPORT EQUIPMENT															
22	1995 FORD E-250 VAN	11/30/14		0		150DB HY	5		0	0					0
	TOTAL AUTO / TRANSPORT EQUIP			0	0				0	0		0	0	0	0
COMPTR EQUIP 1.22400/INSTIT															
10	APPLE COMPUTER	8/01/06	1/01/22	1,000	1,000	150DB HY	5		0	0					0
	TOTAL COMPTR EQUIP 1.22400/IN			1,000	1,000				0	0		0	0	0	0
FURNITURE AND FIXTURES															
8	200 CHAIRS & 10 TABLES	6/01/05	1/01/22	500	500	150DB HY	7		0	0					0
	TOTAL FURNITURE AND FIXTURE			500	500				0	0		0	0	0	0
MACHINERY AND EQUIPMENT															
1	LIGHTS & AUDIO EQUIPMENT`	3/01/99		1,200	1,200	150DB HY	5		0	0					0
2	SKI EQUIPMENT	3/01/00	1/01/22	600	600	150DB HY	5		0	0					0
3	SONY TRV-950	7/15/02		0		150DB HY	5		0	0					0
4	COMPUTER	6/30/04		900	900	200DB HY	5		0	0					0
5	TEXSCAN COMPUTER	7/01/05		2,650	2,650	150DB HY	5		0	0					0
7	AZTEC TENTS	6/01/05	1/01/22	1,500	1,500	150DB HY	7		0	0					0
11	VIDEO CAPTURE & PLAYBACK	7/01/05		10,000	8,500	150DB HY	5		0	0					0
12	SONY VIDEO PLAY/REC	1/01/07		600	600	150DB HY	5		0	0					0
13	APPLE COMPUTER	2/01/07		2,500	2,500	150DB HY	5		0	0					0
14	MONITOR	6/01/07		300	300	150DB HY	5		0	0					0

DANIEL V. MCCONNELL [redacted]

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
15	CHYTV	2/01/09		1,000	1,000	150DB HY	5		0	0					0
16	SONY TRV-9	9/01/09		1,000	1,000	150DB HY	5		0	0					0
17	GO PRO CAM	10/01/09		300	300	150DB HY	5		0	0					0
19	APPLE COMPUTER	10/01/10		0		150DB HY	5		0	0					0
20	SONY CAMERA HVR-VIU	10/15/10		0		150DB HY	5		0	0					0
21	LACIE HARD DRIVE	8/05/10		0		150DB HY	5		0	0					0
	TOTAL MACHINERY AND EQUIPME			22,550	21,050				0	0		0	0	0	0
	TOTAL DEPRECIATION			24,050	22,550				0	0		0	0	0	0
	GRAND TOTAL DEPRECIATION			24,050	22,550				0	0		0	0	0	0

TAXABLE YEAR **2022**

California Resident Income Tax Return

FORM **540**

APE ATTACH FEDERAL RETURN

[redacted] MCCO 22 PBA 541800
DANIEL V MCCONNELL

PO BX 7905
MAMMOTH LAKES CA 93546

09-14-1955

Principal Residence

Enter your county at time of filing (see instructions)

MONO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . . . [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [X] Single

2 [ ] Married/RDP filing jointly. See instr.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . . ● 6 [ ]

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions . . . . . 7 [1] x $140 = $ 140.

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8 [ ] x $140 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . ● 9 [1] x $140 = $ 140.

Exemptions

Your name: DANIEL V. MCCONNELL Your SSN or ITIN: [redacted]

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instr.			
Dependent's relationship to you			

Total dependent exemptions . . . . . ● **10** ☐ x $433 = $

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. . . . . **11** $ 280.

Taxable Income

12 State wages from your federal Form(s) W-2, box 16. . . . . ● **12**

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . **13** 4,374.

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● **14**

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . **15** 4,374.

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C ● **16**

17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● **17** 4,374.

18 Enter the **larger** of:
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:
- ● Single or Married/RDP filing separately $5,202
- ● Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP $10,404
- If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . . . . . ● **18** 15,963.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . **19** 0.

Tax

31 Tax. Check the box if from: ☐ Tax Table ☐ Tax Rate Schedule ● ☐ FTB 3800 ● ☐ FTB 3803 . . . . . ● **31** 0.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $229,908, see instructions . . . . . **32** 280.

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . **33** 0.

34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A . . . . ● **34**

35 Add line 33 and line 34 . . . . . **35**

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● **40**

43 Enter credit name . . . . . code ● and amount . . . . . ● **43**

44 Enter credit name . . . . . code ● and amount . . . . . ● **44**

Your name: DANIEL V. MCCONNELL Your SSN or ITIN: [redacted]

Special Credits

45	To claim more than two credits. See instructions. Attach Schedule P (540)	**45**	
46	Nonrefundable Renter's Credit. See instructions	**46**	
47	Add line 40 through line 46. These are your total credits	**47**	
48	Subtract line 47 from line 35. If less than zero, enter -0-	**48**	0.

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	**61**	
62	Mental Health Services Tax. See instructions	**62**	
63	Other taxes and credit recapture. See instructions	**63**	
64	Add line 48, line 61, line 62, and line 63. This is your total tax	**64**	

Payments

71	California income tax withheld. See instructions	**71**	
72	2022 California estimated tax and other payments. See instructions	**72**	
73	Withholding (Form 592-B and/or Form 593). See instructions	**73**	
74	Excess SDI (or VPDI) withheld. See instructions	**74**	0.
75	Earned Income Tax Credit (EITC). See instructions	**75**	226.
76	Young Child Tax Credit (YCTC). See instructions	**76**	
77	Foster Youth Tax Credit (FYTC). See instructions	**77**	
78	Add line 71 through line 77. These are your total payments. See instructions	**78**	226.

Use Tax

91 **Use Tax.** Do not leave blank. See instructions **91** 0.

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions. [ ]

Individual Shared Responsibility (ISR) Penalty. See instructions **92**

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	**93**	226.
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	**94**	
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	**95**	226.
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	**96**	
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	**97**	226.

Your name: DANIEL V. MCCONNELL Your SSN or ITIN: [redacted]

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2023** estimated tax	**98**	
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	226.
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	

Contributions	**Code**	**Amount**
California Seniors Special Fund. See instructions	**400**	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	
California Sea Otter Voluntary Tax Contribution Fund	**410**	
California Cancer Research Voluntary Tax Contribution Fund	**413**	
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	
State Parks Protection Fund/Parks Pass Purchase	**423**	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	
Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	
Suicide Prevention Voluntary Tax Contribution Fund	**444**	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	**446**	
110 Add amounts in code 400 through code 446. This is your total contribution	**110**	

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** **111**

Pay Online — Go to **ftb.ca.gov/pay** for more information.

Your name: DANIEL V. MCCONNELL Your SSN or ITIN: [redacted]

Interest and Penalties

112 Interest, late return penalties, and late payment penalties **112**

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113**

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. . . . **114**

115 Refund and Direct Deposit

REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 . . . . . ● **115** 226.

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions. . . . . ☐

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

◉ Your email address. Enter only one email address. ◉ Preferred phone number

Sign Here

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

It is unlawful to forge a spouse's/RDP's signature.

Firm's name (or yours, if self-employed) TORREY PINES ADVISORS & ACCOUNTANTS ● PTIN P01261475

Firm's address 250 E LINE STREET BISHOP, CA 93514 ● Firm's FEIN 831240699

Joint tax return? (See instructions).

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☒ Yes ● ☐ No

Print Third Party Designee's Name KYLE SPIEWAK CPA Telephone Number (760) 873-5800

TAXABLE YEAR | SCHEDULE

2022 California Adjustments – Residents — CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: DANIEL V. MCCONNELL

SSN or ITIN: [redacted]

Part I Income Adjustment Schedule

Section A - Income from federal Form 1040 or 1040-SR

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1a Total amount from federal Form(s) W-2, box 1. See instructions	1a			
b Household employee wages not reported on federal Form(s) W-2	1b			
c Tip income not reported on line 1a	1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	1d			
e Taxable dependent care benefits from federal Form 2441, line 26	1e			
f Employer-provided adoption benefits from federal Form 8839, line 29	1f			
g Wages from federal Form 8919, line 6	1g			
h Other earned income. See instrs	1h			
i Nontaxable combat pay election. See instructions	1i			
z Add line 1a through line 1i	1z			
2 Taxable interest. **a**	2b	38.		
3 Ordinary dividends. See instructions. **a** 239.	3b	905.		
4 IRA distributions. See instructions. **a**	4b			
5 Pensions and annuities. See instructions. **a**	5b			
6 Social security benefits. **a**	6b			
7 Capital gain or (loss). See instructions	7	480.		

Section B - Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2 a Alimony received. See instructions	2a			
3 Business income or (loss). See instructions	3	5,868.		
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5			
6 Farm income or (loss)	6			
7 Unemployment compensation	7			

Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	( )		
b Gambling	8b			
c Cancellation of debt	8c			
d Foreign earned income exclusion from federal Form 2555	8d	( )		
e Income from federal Form 8853	8e			
f Income from federal Form 8889	8f			
g Alaska Permanent Fund dividends	8g			
h Jury duty pay	8h			
i Prizes and awards	8i			
j Activity not engaged in for profit income	8j			
k Stock options	8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m Olympic and Paralympic medals and USOC prize money	8m			
n IRC Section 951(a) inclusion	8n			
o IRC Section 951A(a) inclusion	8o			
p IRC Section 461(l) excess business loss adjustment	8p			
q Taxable distributions from an ABLE account	8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d	8s	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t			
u Wages earned while incarcerated	8u			
z Other income. List type and amount. _____	8z			

Section B — Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z . . . 9a			
b1 Disaster loss deduction from form FTB 3805V 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL from form FTB 3805Z, 3807, or 3809 . . . . . 9b3			
10 **Total.** Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a, in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7,line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	7,291.		

Section C — Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions 15	415.		
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid 19a			
b Recipient's: SSN _____ Last Name _____			
20 IRA deduction 20	2,502.		
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction 23			

Section C – Adjustments to Income Continued		**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
24 Other adjustments:				
a Jury duty pay	**24a**			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	**24b**			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	**24c**			
d Reforestation amortization and expenses	**24d**			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974	**24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans	**24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans	**24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	**24h**			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	**24i**			
j Housing deduction from federal Form 2555	**24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	**24k**			
z Other adjustments. List type and amount.				
	24z			
25 Total other adjustments. Add line 24a through line 24z	**25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	**26**	2,917.		
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	**27**	4,374.		

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ⊙ ☐

		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.				
1 Medical and dental expenses . . . . ⊙ 6,600.	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . ⊙ 4,374.	2			
3 Multiply line 2 by 7.5% (0.075) . . . . ⊙ 328.	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4	⊙ 6,272.		⊙
Taxes You Paid				
5 a State and local income tax or general sales taxes	5a	⊙ 402.	⊙ 402.	
b State and local real estate taxes	5b	⊙ 2,043.		
c State and local personal property taxes	5c	⊙		
d Add line 5a through line 5c	5d	⊙ 2,445.		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	⊙ 2,445.	⊙ 402.	⊙
6 Other taxes. List type ⊙	6	⊙	⊙	⊙
7 Add line 5e and line 6	7	⊙ 2,445.	⊙ 402.	⊙
Interest You Paid				
8 a Home mortgage interest and points reported to you on federal Form 1098	8a	⊙ 5,882.		⊙
b Home mortgage interest not reported to you on federal Form 1098	8b	⊙		⊙
c Points not reported to you on federal Form 1098	8c	⊙ 253.		⊙
d Reserved for future use	8d			
e Add line 8a through line 8c	8e	⊙ 6,135.	⊙	⊙
9 Investment interest	9	⊙	⊙	⊙
10 Add line 8e and line 9	10	⊙ 6,135.	⊙	⊙

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11 Gifts by cash or check	**11**	1,500.		
12 Other than by cash or check	**12**			
13 Carryover from prior year	**13**			
14 Add line 11 through line 13	**14**	1,500.		
Casualty and Theft Losses				
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	**15**			
Other Itemized Deductions				
16 Other—from list in federal instructions	**16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	**17**	16,352.	402.	

18 Total. Combine line 17 column A less column B plus column C ... **18** 15,950.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions ... **19**

20 Tax preparation fees ... **20**

21 Other expenses: investment, safe deposit box, etc. List type SEE STATEMENT 1 ... **21** 100.

22 Add line 19 through line 21 ... **22** 100.

23 Enter amount from federal Form 1040 or 1040-SR, line 11 ... 4,374.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ... **24** 87.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 ... **25** 13.

26 Total Itemized Deductions. Add line 18 and line 25 ... **26** 15,963.

27 Other adjustments. See instructions. Specify. ... **27**

28 Combine line 26 and line 27 ... **28** 15,963.

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately ... **$229,908**
Head of household ... **$344,867**
Married/RDP filing jointly or qualifying surviving spouse/RDP ... **$459,821**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 ... **29** 15,963.

30 Enter the larger of the amount on line 29 or your standard deduction listed below:

Single or married/RDP filing separately. See instructions ... **$5,202**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ... **$10,404**

Transfer the amount on line 30 to Form 540, line 18 ... **30** 15,963.

TAXABLE YEAR | FORM

2022 California Earned Income Tax Credit 3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return | Your SSN or ITIN

DANIEL V. MCCONNELL | [redacted]

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here ◉ ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.

If you qualify for the California EITC, you may also qualify for the YCTC and/or the FYTC. You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information See Specific Instructions.

1 **a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ◉ ☐ Yes ☒ No

b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ◉ ☐ Yes ☒ No

2 Federal AGI (federal Form 1040 or 1040-SR, line 11) ● 2 4,374. 00

3 Federal EIC (federal Form 1040 or 1040-SR, line 27) ● 3 0. 00

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 — Investment Income ● 4 1,423. 00

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

	Child 1	Child 2	Child 3
5 First name	◉	◉	◉
6 Last name	◉	◉	◉
7 SSN or ITIN. See instructions.	●	●	●
8 Date of birth (mm/dd/yyyy). If born after 2003 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10	◉	◉	◉
9 **a** Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions	◉ ☐ Yes ☐ No	◉ ☐ Yes ☐ No	◉ ☐ Yes ☐ No
b Was the child permanently and totally disabled during any part of 2022? If yes, go to line 10. If no, stop here. The child is not a qualifying child.	◉ ☐ Yes ☐ No	◉ ☐ Yes ☐ No	◉ ☐ Yes ☐ No
10 Child's relationship to you. See instructions.	◉	◉	◉
11 Number of days child lived with you in California during 2022. Do not enter more than 365 days. See instructions.	◉	◉	◉

12 Child's physical address during 2022. See instructions.

Child 1
a Street address (number, street, and apt. no./ste. no.)
b City **c** State **d** ZIP Code

Child 2
a Street address (number, street, and apt. no./ste. no.)
b City **c** State **d** ZIP Code

Child 3
a Street address (number, street, and apt. no./ste. no.)
b City **c** State **d** ZIP Code

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	**13**		00
14 IHSS payments. See instructions	**14**		00
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions	**15**		00
16 Subtract line 14 and line 15 from line 13	**16**		00
17 Nontaxable combat pay. See instructions	**17**		00
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	**18**	5,453.	00

a Business name: MAMMOTH CHANNEL

b Business address: Street address (number, street, and apt. no./ste. no.): PO BOX 7905

City: MAMMOTH LAKES State: CA ZIP Code: 93546

c Business license number:

d SEIN:

e Business code: 541800

19 California Earned Income. Add line 16, line 17, and line 18	**19**	5,453.	00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a	**20**	226.	00

Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions **21**

22 **Nonresident or Part-Year Resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 . . . . . **22** 00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 **California Earned Income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24. . . . . **23** 00

a **Total** wages, salaries, tips, and other employee compensation. See instructions. **23a** 00

b If your **total** net loss exceeds $32,490, check the box. See instructions. **23b**

24 **Available Young Child Tax Credit** **24** 00

- If the amount on line 23 is $25,000 or less, skip line 25 through line 27 and enter $1,083 on line 28. If applicable, complete line 29 and line 30.
- If the amount on line 23 is greater than $25,000, complete line 25 through line 28. If applicable, complete line 29 and line 30.

25 Excess Earned Income over threshold. Subtract $25,000 from line 23. . . . . **25** 00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round **26**

27 **Reduction amount.** Multiply line 26 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round. **27**

28 **Young Child Tax Credit.**

- If you did not need to complete line 25 through line 27, your credit is the $1,083 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is between $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. **28** 00

Part VIII Nonresident or Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions **29**

30 **Nonresident or Part-Year Resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . . **30** 00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions.)

31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions. . . . .

a Primary Taxpayer: My name is the first name listed on this return. . . . . ☐

b Spouse/RDP: My name is listed as the spouse/RDP on this joint return. . . . . ☐

32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	Spouse/RDP
a First name		
b Last name		

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my California Franchise Tax Board eligibility for the FYTC. ● ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC. ● ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 California Earned Income. Enter the amount from form FTB 3514, line 19 ◉**34** 00

35 Available Foster Youth Credit ◉**35** 00

- If the amount on line 34 is $25,000 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
  - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,083 on line 35 and line 39.
  - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,166 on line 35 and 39.

  If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than $25,000, complete line 36 through line 38 and enter on line 35 the following amount.
  - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,083 on line 35.
  - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,166 on line 35 and 35.

  If applicable, complete line 40 and line 41.

36 Excess Earned Income over threshold. Subtract $25,000 from line 34 ◉**36** 00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round ◉**37**

38 Reduction amount. ◉**38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.32. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

- If you did not need to complete line 36 through line 38, and either the taxpayer or spouse/RDP is claiming the FYTC, the credit is the $1,083 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer and spouse/RDP are claiming the FYTC, the credit is the $2,166 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is between $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c ◉**39** 00

Part X Foster Youth Tax Credit (See Step 10 in the instructions.)

40 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions ◉**40**

41 Nonresident or Part-Year Resident FYTC. Multiply line 39 by line 40.
This amount should also be entered on Form 540NR line 87 ◉**41** 00

TAXABLE YEAR **2022**

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

CALIFORNIA FORM **3596**

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return

DANIEL V. MCCONNELL

SSN or ITIN [redacted]

Part I Due Diligence Requirements

1a Preparer's name ..... **1a** KYLE SPIEWAK, CPA

b Preparer's PTIN **1b** P01261475

c Preparer's license, registration, or enrollment type. Check one box

[X] CPA [ ] EA [ ] Attorney [ ] CTEC [ ] Other (specify) _____

If CPA, Attorney, or Other, enter license, registration, or enrollment state **1c**

d Preparer's license, registration, or enrollment number **1d** 135479

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? ..... **2** [X] Yes [ ] No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? **3** [X] Yes [ ] No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC)
- Review information to determine that the taxpayer is eligible to claim the credit and for what amount **4** [X] Yes [ ] No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) ..... **5** [ ] Yes [X] No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? ..... **5a** [ ] Yes [ ] No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) ..... **5b** [ ] Yes [ ] No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit ..... **6** [X] Yes [ ] No

List those documents provided by the taxpayer, if any, that you relied on.

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? ..... **7** [X] Yes [ ] No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? ..... **8** [ ] Yes [ ] No [ ] N/A

Part II Due Diligence Questions

9a Have you determined that the taxpayer is eligible to claim the EITC for the number of children whom the EITC is claimed, or to claim the EITC if the taxpayer has no qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) . . . . . **9a** [X] Yes [ ] No

b Did you explain to the taxpayer that he/she may not claim the EITC if the child has not lived with the taxpayer for over half the year, even if the taxpayer has supported the child? . . . . . **9b** [ ] Yes [ ] No

c Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . . **9c** [ ] Yes [ ] No [ ] N/A

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;

B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;

C. Submit form FTB 3596 in the manner required; and

D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:

1 A copy of form FTB 3596,
2 The EITC worksheet(s) or your own worksheet(s),
3 Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
4 A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
5 A record of any additional information you relied upon including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a $500 penalty for each failure to comply.

10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? . . . . . **10** [X] Yes [ ] No

TAXABLE YEAR **2022**

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM **3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return: DANIEL V. MCCONNELL

SSN or ITIN: [redacted]

Part I **Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	DANIEL	V	473-70-9980	9/14/1955	4,374.
	Last Name		ECN 1	ECN 2	ECN 3
	MCCONNELL		NO ECN		
2	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
3	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
4	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
5	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
6	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
7	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
8	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
9	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
10	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
11	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
12	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3

Part II **Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. ..... ◉ X

Part III **Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

			Coverage and Exemption Codes												
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
2	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
3	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
4	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
5	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
6	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
7	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
8	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
9	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
10	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
11	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
12	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉

Part IV **Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions . . . . . ● 1 0.

DANIEL V. MCCONNELL [redacted]

STATEMENT 1
SCHEDULE CA, PART II, LINE 21
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT

INVESTMENT EXPENSE	$ 100.
TOTAL	$ 100.

DANIEL V. MCCONNELL [redacted]

VEHICLE EXPENSES - SCHEDULE C
ADVERTISING/VIDEO PRODUCTION

	CHEVY ASTRO VAN
1. DATE PLACED IN SERVICE	7/01/19
2. TOTAL MILEAGE	15,000
3. BUSINESS MILEAGE (1/1/2022 - 6/30/2022)	4,000
4. BUSINESS MILEAGE (7/1/2022 - 12/31/2022)	4,000
5. TOTAL BUSINESS MILEAGE (ADD LINES 3 AND 4)	8,000
6. BUSINESS USE PERCENTAGE (DIVIDE LINE 5 BY LINE 2)	0.5333
STANDARD MILEAGE RATE:	
7. MULTIPLY LINE 3 BY 58.5 CENTS (.585)	2,340.
8. MULTIPLY LINE 4 BY 62.5 CENTS (.625)	2,500.
9. STANDARD MILEAGE DEDUCTION (ADD LINES 7 AND 8)	4,840.
DEPR. PORTION OF MILEAGE (26 CENTS PER MILE)	2,080.
OPER. EXP. PORTION OF MILEAGE (32.5 CENTS PER MILE)	1,300.
OPER. EXP. PORTION OF MILEAGE (36.5 CENTS PER MILE)	1,460.
ACTUAL EXPENSES:	
10. GASOLINE, LUBE AND OIL	
11. REPAIRS	3,500.
12. TIRES	1,000.
13. INSURANCE	400.
14. MISCELLANEOUS	
15. AUTO LICENSE (EXCEPT PERSONAL PROPERTY TAXES)	
16. VALUE OF EMPLOYER-PROVIDED VEHICLE	
17. VEHICLE RENT OR LEASE (LESS INCLUSION)	
18. ADD LINES 10 THROUGH 17	4,900.
19. MULTIPLY LINE 18 BY LINE 6	2,613.
20. DEPRECIATION AND SECTION 179 DEDUCTION	
21. ADD LINES 19 AND 20	2,613.
TOTAL VEHICLE EXPENSES:	STD MILEAGE
22. ENTER LINE 9 OR LINE 21	4,840.
23. PARKING FEES AND TOLLS	
24. ADD LINES 22 AND 23	4,840.
VEHICLE EXPENSE ALLOCATION:	
25. CAR AND TRUCK EXPENSES	4,840.
26. DEPRECIATION	
27. VEHICLE RENT OR LEASE PAYMENTS	
28. ADD LINES 25, 26, AND 27	4,840.
29. INTEREST EXPENSE (BUSINESS PORTION)	
30. TAXES AND LICENSES (BUSINESS PORTION)	
31. PERSONAL PROPERTY TAXES (SCHEDULE A)	

DANIEL V. MCCONNELL [redacted]

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE C - MAMMOTH CHANNEL																
AUTO / TRANSPORT EQUIPMENT																
22	1995 FORD E-250 VAN	11/30/14		1,800				1,800			0		200DB HY	5		0
	TOTAL AUTO / TRANSPORT EQUIP			1,800		0	0	1,800	0	0	0	0				0
COMPTR EQUIP 1.22400/INSTIT																
10	APPLE COMPUTER	8/01/06	1/01/22	1,000							1,000	1,000	200DB HY	5		0
	TOTAL COMPTR EQUIP 1.22400/IN			1,000		0	0	0	0	0	1,000	1,000				0
FURNITURE AND FIXTURES																
8	200 CHAIRS & 10 TABLES	6/01/05	1/01/22	500							500	500	200DB HY	7		0
	TOTAL FURNITURE AND FIXTURE			500		0	0	0	0	0	500	500				0
MACHINERY AND EQUIPMENT																
1	LIGHTS & AUDIO EQUIPMENT`	3/01/99		1,200							1,200	1,200	200DB HY	5		0
2	SKI EQUIPMENT	3/01/00	1/01/22	600							600	600	200DB HY	5		0
3	SONY TRV-950	7/15/02		2,249				2,249			0		200DB HY	5		0
4	COMPUTER	6/30/04		1,800							1,800	1,800	200DB HY	5		0
5	TEXSCAN COMPUTER	7/01/05		2,650							2,650	2,650	200DB HY	5		0
7	AZTEC TENTS	6/01/05	1/01/22	1,500							1,500	1,500	200DB HY	7		0
11	VIDEO CAPTURE & PLAYBACK	7/01/05		10,000							10,000	8,000	200DB HY	5		0
12	SONY VIDEO PLAY/REC	1/01/07		600							600	600	200DB HY	5		0
13	APPLE COMPUTER	2/01/07		2,500							2,500	2,500	200DB HY	5		0

DANIEL V. MCCONNELL [redacted]

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
14	MONITOR	6/01/07		300							300	300	200DB HY	5		0
15	CHYTV	2/01/09		1,000							1,000	1,000	200DB HY	5		0
16	SONY TRV-9	9/01/09		1,000							1,000	1,000	200DB HY	5		0
17	GO PRO CAM	10/01/09		300							300	300	200DB HY	5		0
19	APPLE COMPUTER	10/01/10		3,000				3,000			0		200DB HY	5		0
20	SONY CAMERA HVR-VIU	10/15/10		2,500				2,500			0		200DB HY	5		0
21	LACIE HARD DRIVE	8/05/10		315				315			0		200DB HY	5		0
	TOTAL MACHINERY AND EQUIPME			31,514		0	0	8,064	0	0	23,450	21,450				0
	TOTAL DEPRECIATION			34,814		0	0	9,864	0	0	24,950	22,950				0
SCHEDULE A (POINTS)																
AMORTIZATION																
18	POINTS - REFINANCE	1/01/09		3,800							3,800	2,783	S/L	15		253
	TOTAL AMORTIZATION			3,800		0	0	0	0	0	3,800	2,783				253
	TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0
	GRAND TOTAL AMORTIZATION			3,800		0	0	0	0	0	3,800	2,783				253
	GRAND TOTAL DEPRECIATION			34,814		0	0	9,864	0	0	24,950	22,950				0
	DEPRECIATION ASSETS SOLD			3,600		0	0	0	0	0	3,600	3,600				0
	DEPR REMAINING ASSETS			31,214		0	0	9,864	0	0	21,350	19,350				0

DANIEL V. MCCONNELL [redacted]

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
SCHEDULE C - MAMMOTH CHANNEL															
AUTO / TRANSPORT EQUIPMENT															
22	1995 FORD E-250 VAN	11/30/14		0		150DB HY	5		0	0					0
	TOTAL AUTO / TRANSPORT EQUIP			0	0				0	0		0	0	0	0
COMPTR EQUIP 1.22400/INSTIT															
10	APPLE COMPUTER	8/01/06	1/01/22	1,000	1,000	150DB HY	5		0	0					0
	TOTAL COMPTR EQUIP 1.22400/IN			1,000	1,000				0	0		0	0	0	0
FURNITURE AND FIXTURES															
8	200 CHAIRS & 10 TABLES	6/01/05	1/01/22	500	500	150DB HY	7		0	0					0
	TOTAL FURNITURE AND FIXTURE			500	500				0	0		0	0	0	0
MACHINERY AND EQUIPMENT															
1	LIGHTS & AUDIO EQUIPMENT`	3/01/99		1,200	1,200	150DB HY	5		0	0					0
2	SKI EQUIPMENT	3/01/00	1/01/22	600	600	150DB HY	5		0	0					0
3	SONY TRV-950	7/15/02		0		150DB HY	5		0	0					0
4	COMPUTER	6/30/04		1,800	1,800	150DB HY	5		0	0					0
5	TEXSCAN COMPUTER	7/01/05		2,650	2,650	150DB HY	5		0	0					0
7	AZTEC TENTS	6/01/05	1/01/22	1,500	1,500	150DB HY	7		0	0					0
11	VIDEO CAPTURE & PLAYBACK	7/01/05		10,000	8,500	150DB HY	5		0	0					0
12	SONY VIDEO PLAY/REC	1/01/07		600	600	150DB HY	5		0	0					0
13	APPLE COMPUTER	2/01/07		2,500	2,500	150DB HY	5		0	0					0
14	MONITOR	6/01/07		300	300	150DB HY	5		0	0					0

DANIEL V. MCCONNELL [redacted]

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
15	CHYTV	2/01/09		1,000	1,000	150DB HY	5		0	0					0
16	SONY TRV-9	9/01/09		1,000	1,000	150DB HY	5		0	0					0
17	GO PRO CAM	10/01/09		300	300	150DB HY	5		0	0					0
19	APPLE COMPUTER	10/01/10		0		150DB HY	5		0	0					0
20	SONY CAMERA HVR-VIU	10/15/10		0		150DB HY	5		0	0					0
21	LACIE HARD DRIVE	8/05/10		0		150DB HY	5		0	0					0
	TOTAL MACHINERY AND EQUIPME			23,450	21,950				0	0		0	0	0	0
	TOTAL DEPRECIATION			24,950	23,450				0	0		0	0	0	0
	GRAND TOTAL DEPRECIATION			24,950	23,450				0	0		0	0	0	0

MAMMOTH MOUNTAIN SKI PATROL ALUMNI

Measure R & U - Grant Application

Reference #	15007658
Status	Complete
Login Username	mmspalumni@gmail.com
Login Email	mmspalumni@gmail.com
Performance Period:	July 1, 2024 - June 30, 2025
Organization	Mammoth Mountain Ski Patrol Alumni Association
Organization Mission Statement	The mission of the Mammoth Mountain Ski Patrol Alumni Association is *to support the education and qualifications of current Ski Patrol members and raise emergency funds for members injured on the job, and *to celebrate the history and unique ski culture of Mammoth Mountain and the contributions of Ski Patrol members, who put their lives on the line to make skiing the mountain a safe and exciting experience.
Name of Program	Recreation Education Program
Program Description and Purpose	Proposal: The Mammoth Mountain Ski Patrol Alumni Association (MMSPAA) seeks $6,750 to support the organization's current education initiative–on-hill ski tours led by Ski Patrol Alumni–and to develop and deliver a new public-presentation series–seven public presentations, one at each of the Mammoth Unified School District schools and four hosted by other organizations such as the Mammoth Lakes Chamber of Commerce. These educational programs preserve and enrich the quality of life for residents and visitors by deepening appreciation for the unique ski culture of

Mammoth Lakes and opportunities for healthy outdoor activity in this stunning natural setting.

Need: The general public is familiar with skiing as a challenging and exciting sport that unites the health benefits of being in nature with those of physical activity, and many see Mammoth Lakes as a branded high-performance destination for skiers of all levels. What they may not know is the “behind the slope” Ski Patrol culture that makes skiing a safe and pleasurable activity. Not only do Ski Patrol members monitor slopes and provide in-house training, they also put their lives on the line to prevent avalanches and to respond to accidents in difficult terrain and circumstances.

Purpose: In better acquainting the public with the Ski Patrol, the MMSPAA’s Recreation Education Program encourages people living and working in and visiting Mammoth Lakes 1) to engage in healthy exercise in the stunning natural beauty of Mammoth Mountain, 2) to support the unique ski culture and economy of Mammoth Lakes, and 3) to better understand and honor the proven history of 60+ years of service provided by the Mammoth Mountain Ski Patrol, who make this experience...

... possible.

On-Hill Ski Tours Description: MMSPAA’s on-hill ski tours have taken place each winter since 2022 on the first and third Wednesdays of the month, depending on weather and snow conditions. Scheduling on Wednesdays encourages locals to ski on weekdays and tourists to extend their stays into the working week. Wednesday tours give visiting ski groups

an activity to add to their schedule without leaving the mountain. The weekday schedule also means that lifts and runs are less crowded and that there are safe and pleasant opportunities for the tour groups to stop and view aspects of the mountain. Tours also can be arranged specially for groups like private ski clubs on other days. The goal is eight completed tours total.

The on-hill ski tours are fully under the direction of MMSPAA but operated in partnership with the Mammoth Mountain Ski Area. Tours are advertised on the mountain by Hosts and Hostesses and online via Facebook. They are free and open to intermediate skiers with equipment and lift tickets, on a first-come, first-served basis with approximately 12 people per tour. No unaccompanied minors are permitted. Tours are led by three or four Ski Patrol Alumni volunteer guides. All guides have been active Ski Patrol members, some for a decade or two.

Guides meet groups at the bottom of Chair 1 at 9:30 AM and ride up Chair 1 with participants so that they can introduce the mountain and the Ski Patrol. At the top of Chair 1, guides explain on-hill Ski Patrol duties, skier awareness, hill safety, first aid, and hill maintenance. The tour then slides down to the top of Chair 2 in order to see rescue tob0ggan storage. Guides do a head count at the bottom of each run. After riding up Chair 3, groups...

... pause to look at the upper mountains and learn about avalanche control work, including guns and hand charges. From there, groups ski down to Chair 10 and the warming-hut side of the mountain. By this point, participants will have

questions that can guide the tour. Riding Chair 10, guides can point out aspects of the mountain participants have been curious about. Guides also throw in personal stories. At the top of Chair 10, groups drop to the Canyon Lodge side of the mountain to see Gun 2, a 105 mm howitzer cannon leased from the Army, in its sealed bunker. Guides usually stash a spent ammunition shell to show groups. Participants get excited about it. At the end of the tour, guides share information about the MMSPAA and how to provide support and will collect a brief tour evaluation via a QR code leading to an online form.

The on-hill ski tours currently operate with a sign at Chair 1 and a few flyers. They might catch public attention better by more consistently outfitting guides with uniforms so that they are visible to participants and to skiers interested in a future tour. Uniforms also confer recognition for expertise and inspire professionalism from enthusiastic but unpaid staff that will keep them contributing to the effort. A set of jacket and pants costs $400, including shipping and embroidery. 10 are needed. On-hill ski tours would also be improved by better publicity, including trifold brochures and weather-proof signage. 200 brochures can be designed and printed for $400 total to be distributed by Mammoth Mountain Ski Area Hosts and Hostesses. A weighted sandwich board and teardrop banner can be added for $350.

Presentation Series Description: In addition to the on-hill ski tours, the MMSPAA ...

...proposes to add a series of presentations that similarly encourage residents and visitors to get

out onto the slopes and to appreciate Mammoth's recreational culture and the Ski Patrol. The goal will be to make seven presentations, one at each of the Mammoth Unified School District schools and four hosted by other organizations such as the Mammoth Lakes Chamber of Commerce and Mammoth Lakes Tourism. Presentations will be designed and made by volunteer Ski Patrol Alumni and will include history of Mammoth Mountain, the Ski Area, and the Ski Patrol, as well as Ski Patrol techniques, hill safety, and the benefits of skiing and other outdoor recreation. Presentations will feature storytelling by Ski Patrol Alumni and may involve partnering with other nonprofits such as Eastern Sierra Avalanche Center; Disabled Sports Eastern Sierra, which provides lessons with adaptive equipment, and Eastside K-9, which trains avalanche search and rescue dogs. At the end of each presentation, MMSPAA volunteers will share information about the MMSPAA and how to provide support and will ask teachers to survey their students to complete a brief online presentation evaluation.

Sharing MMSPAA information with children is a great way to encourage the next generation to leave their gaming consoles and launch a lifetime of healthy outdoor exercise. It's also significant that 70% of youth enrolled in the Mammoth Unified School District are ethnic minorities while 89% of skiers surveyed in the National Ski Areas Association 2021-22 survey were white. Getting minority youth interested in skiing–and maybe even in joining the Ski Patrol as a career or as professional experience leading to a career in emergency response–supports and...

... increases opportunities for participation in

	recreation by diverse populations, inspiring them to take advantage of their geography, get in some healthy winter activity, and reduce stress and enhance their sense of well-being through spending time in nature. School presentations are the best way to ensure equity of access to information about ski history, culture, and benefits, and the timing for reaching out to youth is good because the Mammoth Ski Area Ski School is developing a Junior Ski School concept. Rationale: Providing financial support for MMSPAA's Recreation Education Program represents an investment in preserving and enriching the quality of life for residents and visitors, deepening the experience of Mammoth Lakes as a branded high-performance destination that includes a thriving ski culture and enhanced recreation opportunities, and supports and increases opportunities for participation in skiing by diverse populations. Those living and working in and those visiting Mammoth Lakes will be energized to get outdoors for healthy exercise, experience and support the unique ski culture and economy of Mammoth Lakes, and appreciate the proven history of 60+ years of Mammoth Mountain Ski Patrol in making skiing the mountain safe and exciting.
Program Details (timeline, dates, schedule, venue, etc.)	Timeline: January 26, 2024: Submission of MLR grant request July 1, 2024: MLR funding in hand August 15, 2024: Begin scheduling presentations November 30, 2024: At least four presentations completed December 4, 2024: First ski tour, depending on weather and snow conditions December 31, 2024: Submission of MLR

	progress report April 16, 2025: Last ski tour, depending on weather and snow conditions May 31, 2025: Remaining three presentations completed June 30, 2025: Complete program assessment and submit MLR performance report Venue: On-hill ski tours will take place at the Mammoth Mountain Ski Area. Presentations will take place at Mammoth Unified School District buildings and public venues in Mammoth Lakes.
Public Benefit	The MMSPAA Recreation Education Program on-hill ski tours are accessible and available to intermediate skiers for free on a first-come, first-served basis. Groups can schedule private tours at their convenience. Public presentations are accessible and available to all Mammoth Unified School District students and staff and to the general public via four community organizations including the Mammoth Lakes Chamber of Commerce and Mammoth Lakes Tourism at a variety of times and in a variety of venues to meet public needs. Community stakeholders will be energized to get outdoors for healthy exercise, experience and support the unique ski culture and economy of Mammoth Lakes, and appreciate the proven history of 60+ years of Mammoth Mountain Ski Patrol in making skiing the mountain safe and exciting.
Sustainability	The MMSPAA Recreation Education Program helps to sustain quality recreational benefits and amenities for present and future generations by deepening public understanding of and appreciation for Mammoth Lakes' unique ski culture that draws visitors to the slopes and new

	households and businesses to the city. Addition of the proposed presentations to the MMSPAA Recreation Education Program makes information about skiing and the Ski Patrol available year-round. MMSPAA work itself is sustainable thanks to committed volunteers who demonstrated an affinity for outreach and storytelling while on the Ski Patrol and continue that tradition as public ambassadors through Ski Patrol Alumni activity. Use of expert volunteers helps MMSPAA maintain the low overhead that allows the organization flexibility to respond to current needs and opportunities.
Quality of Life	The MMSPAA Recreation Education Program celebrates the unique ski culture of Mammoth Lakes from the perspective of Ski Patrol Alumni. Ski Patrol Alumni are expert skiers, trainers, and emergency responders with decades of stories from the mountain. On-hill ski tours and school/ community presentations enhance the quality of life and recreation opportunities for those living and working in Mammoth Lakes and those traveling to visit by weaving those stories into public experience of bodies physically active in nature. Shared stories become the history and folktales that build community, establish the Mammoth Lakes high-performance brand, and ground the community's legacy for the future.
Stewardship	By celebrating the unique ski culture of Mammoth Lakes from the perspective of Ski Patrol Alumni, the MMSPAA reminds community members and visitors that the mountain rising above town and providing a slope for skis and boards is a stunning and awesome force of nature. The privilege of engaging in recreation on the mountain demands respect: respect for oneself, for others, and for the mountain that, if

	not properly maintained, can drop layers of snowpack on unsuspecting visitors. On-hill ski tours and community presentations provide an opportunity for Ski Patrol Alumni to share the information about Ski Patrol work that deepens understanding of beloved outdoor activities, feeding the stewardship of this precious landscape for current stakeholders and future generations.
Deliverable 1:	Goal: Participants will be energized to get outdoors for healthy exercise, particularly minority youth. Program evaluations will ask: as a result of this program, are you more likely to get outdoors for healthy exercise? Answers include: Already energized get outdoors, more likely to get outdoors, neither more or less likely to get outdoors, and less likely to get outdoors. Objective = minimum 75% already/more.
Deliverable 2:	Goal: Participants will deepen their understanding of skiing, ski culture, and Mammoth Lakes as a ski destination. Program evaluations will ask: as a result of this program, have you deepened your understanding of skiing, ski culture, Ski Patrol, and Mammoth Lakes as a ski destination? Answers include: a lot, some, not much, and not at all. Objective = minimum 75% a lot/some.
Deliverable 3:	Goal: Participants will deepen their understanding of the contributions of Ski Patrol to healthy, safe, and fun outdoor recreation. Program evaluations will ask: as a result of this program, have you deepened your understanding of the contributions of Ski Patrol to healthy, safe, and fun outdoor recreation? Answers include: a lot, some, not much, and not at all. Objective = minimum 75% a lot/some.

Do you have additional Goals/Deliverables?	No
Attendees - Locals	1225
Attendees - Visitors	96
Volunteers	38
Paid Staff	0
Organizers	4
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	Yes
What permits and/or permissions are required and have you secured them? If not secured, please explain.	The MMSPAA has secured permission from Mammoth Mountain Ski Area to operate on-hill ski tours in an ongoing capacity, interest in presentations from the middle and high schools, and partnership in presentations from Eastern K-9. The MMSPAA needs to hear back from the elementary school; the Mammoth Lakes Chamber of Commerce, Mammoth Lakes Tourism, and other potential venues for presentations; and potential partners in presentation Eastern Sierra Avalanche Center and Disabled Sports Eastern Sierra.
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	No, the plan is to ensure the Recreation Education Program remains accessible.
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	The on-hill ski tours are available to skiers at the intermediate level and above. Adaptive skiers are welcome. Like other skiers, they need to arrive at Chair 1 with equipment appropriate to their needs. Local nonprofit Disabled Sports Eastern Sierra can assist with lessons and equipment. Mammoth Mountain Ski Area chair lifts can accommodate sit-skis, outriggers, and other adaptive devices.

	For deaf skiers, MMSPAA can provide a written script of typical commentary made by tour guides. Because MMSPAA tours have a ratio of at least 3 guides to 12 group members, it is easy for skiers with difficulty speaking to get one-on-one guide attention for additional communication time. Mammoth Ski & Snowboard School accommodates blind skiers by providing qualified guides. MMSPAA guides can provide one-on-one attention needed to describe details of the scenery. Groups seeking additional adaptive support can contact the MMSPAA to arrange a private group tour. Public presentations are held in venues that meet ADA access requirements. Presentations will involve both visual and audio elements and may have hands-on components helpful to blind attendees. Presenters can provide written scripts and oral descriptions of slides, as needed. Schools have additional supports to meet the needs of disabled youth participants.
Application is for	One-Year Funding
Funding Request	
Year 1	
Amount	6,750
Amount	3097.56
Description of Expense	MMSPAA Guides: tours and presentations (83 hours)
Amount: Measure U	0.00
Amount: Cash Match	0.00
Amount: In-Kind	3097.56
Total:	3097.56

Amount	4,000.00
Description of Expense	Uniforms (10): jacket, pants, shipping, embroidery
Amount: Measure U	4000.00
Amount: Cash Match	0.00
Amount: In-Kind	0.00
Total:	4000.00
Amount	350.00
Description of Expense	Sandwich Board Sign and Teardrop Banner
Amount: Measure U	0.00
Amount: Cash Match	350
Amount: In-Kind	0
Total:	350.00
Amount	5825.00
Description of Expense	Door Prizes (21), Stickers (1225), Brochures (1425)
Amount: Measure U	1750
Amount: Cash Match	4075.00
Amount: In-Kind	0.00
Total:	5825.00
Amount	1000.00
Description of Expense	Laptop
Amount: Measure U	1000.00
Amount: Cash Match	0.00
Amount: In-Kind	0.00
Total:	1000.00
Total Cost of Expense Items:	14272.56

Total Measure U:	6750.00
Total Cash Match:	4425.00
Total In-Kind:	3097.56
Total Cash Match + In-Kind:	7522.56
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	83-2253575
Organization Current Year Budget	MMSPAA_Operating_Budget_FY_2023-24.pdf (44 KB)
Organization Prior Year Budget	MMSPAA_Operating_Budget_FY_2022-23.pdf (44 KB)
Organization Most Current Tax Return/990 Form	MMSPAA_990_FY_2022-23.pdf (3.21 MB)
Point of Contact	Ian Scott
Title	President
Email	mmspalumni@gmail.com
Phone	(760) 892-4448
Are Business address and mailing address the same?	No
Business Address	126 Old Mammoth Road Unit 224
City	Mammoth Lakes
State	California
Zip Code	93546
Mailing Address	PO BOX 8559
City	Mammoth Lakes
State	California
Zip Code	93546
Website and/or Social Media	Website: https://mmsp-alumni.org/ Facebook:

	https://www.facebook.com/groups/795191755256360 Instagram: https://www.instagram.com/mmsp_alumni/?hl=en
Last Update	2024-01-24 15:16:35
Start Time	2024-01-24 15:14:23
Finish Time	2024-01-24 15:16:35
IP	64.125.216.222
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/res/formLoginReturn

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MAMMOTH LAKES
RECREATION

2024/2025

MULTI-YEAR

Applications

EASTERN SIERRA AVALANCHE CENTER

Measure R & U - Grant Application

Reference #	15013650
Status	Complete
Login Username	barb@esavalanche.org
Login Email	barb@esavalanche.org
Performance Period:	July 1, 2024 - June 30, 2025
Organization	Eastern Sierra Avalanche Center
Organization Mission Statement	The mission of the Eastern Sierra Avalanche Center is to inform and educate the public on avalanche conditions in the Eastern Sierra Nevada mountains of California.
Name of Program	Mammoth Basin Avalanche Forecasting
Program Description and Purpose	The purpose of this program is to deliver avalanche information to backcountry users in the Mammoth Basin and Eastern Sierra in the form of regularly issued avalanche advisories, consistent information about Mammoth Basin conditions, snowpack, and avalanches, and educational opportunities and events during the winter season.
Program Details (timeline, dates, schedule, venue, etc.)	ESAC provides avalanche advisories, information, and educational events throughout each winter season for the Mammoth Basin and the Eastern Sierra. Starting in the 23-24 season, ESAC was able to hire four full time forecasters to meet the needs of the daily avalanche forecast, education events, and public outreach and communication throughout the winter. ESAC will continue to hire four forecasters moving forward to meet the needs of the organization. ESAC releases daily avalanche forecasts, 7 days

a week, throughout the winter season, which is typically mid December through mid April. The daily avalanche forecast includes the danger rating, avalanche problems, a forecast discussion, and a weather discussion. This is published on our website and sent to our list of email subscribers. This and other pertinent information is also posted on our social media pages. All of this information is provided free of charge. We release snowpack summaries at the beginning and end of each season, when snow amounts and/or avalanche activity are less.

Observations are submitted by forecasters, key observers, and the general public throughout the season. Approximately one third of all observations and one third of forecaster observations come from the Mammoth Basin (based on totals from 22-23 season).

ESAC plans to host four free education events throughout the season. These are held monthly from December through March or April. We host two of these events in Mammoth, with the other two in Bishop and June Lake. Attendance at these events typically averages around 75-100 people per event.

ESAC also hosts an annual interagency meeting with Mammoth-based and...

... regional organizations that are affected in some way by avalanches. This allows the organizations and individuals to communicate about their offerings and needs, and how others may utilize those. We continue to interface with many of these organizations throughout winter about various avalanche-related information.

Public Benefit	The ESAC daily forecast, educational materials and events, observations, and avalanche information are all available for free to a wide audience on our website and social media. ESAC had over 150,000 visitors to the site last winter, which was a historic winter. There are currently over 23,650 subscribers on Instagram and Facebook and 742 email list subscribers. This information allows local and visiting recreationalists to access safety information to inform their trips in the backcountry. This includes backcountry skiers and snowboarders, hikers, snowshoers, snowmobilers, other OHV users, alpinists, and anyone else traveling in avalanche terrain.
Sustainability	Our operations occur mostly outside in existing recreation areas. This year, ESAC was able to hire a fourth forecaster to fill the needs of daily avalanche forecasting, education and outreach events, snowpack data collection, and more. ESAC is also able to employ two staff members in year round positions. When not out in the snow, forecasters and administrative staff all work from home offices. ESAC has worked to become financially stable in the last few years through a concerted effort to secure consistent funding through grants and donations. Backcountry users and recreation are a consistent presence in Mammoth Lakes and the Eastern Sierra throughout the winter months. Continuing to provide free and consistent avalanche information will benefit the community and visitors alike.
Quality of Life	ESAC forecasts, observations, and information are where many people look when planning their backcountry tours and trips. We aim to continue to provide well-informed and quality avalanche

	information to all recreationalists and to make that information available to the broadest range of people. This will allow backcountry users to make informed decisions about their plans and enable them to continue recreating in a safe and informed manner.
Stewardship	By providing avalanche information to locals of and visitors to Mammoth Lakes and the Eastern Sierra, we help encourage people to get out and recreate safely in the winter environment. Along with avalanche information, we work to communicate pertinent information about commonly used winter recreation locations in the Mammoth Basin and Eastern Sierra. Forecasters work to be consistent role models for the backcountry community in how they travel in and treat the environments they are in.
Deliverable 1:	Provide daily avalanche forecasts for the Eastern Sierra, including the Mammoth Basin, throughout the winter season, typically from mid-December through mid-April.
Deliverable 2:	Conduct four free avalanche education events each season, one event each month December through March. When resources allow, ESAC may record some of these events and make them available for free on our website.
Deliverable 3:	Maintain a platform on the ESAC website with avalanche information dedicated to the Mammoth Basin throughout our forecast season.
Do you have additional Goals/Deliverables?	Yes
Deliverable 4:	Host annual Interagency roundtable held in early winter as an informative space for Mammoth-based and regional agencies and organizations that are affected in some way by avalanches.
Do you have additional Goals/Deliverables?	No

Attendees - Locals	4500
Attendees - Visitors	125000
Volunteers	175
Paid Staff	5
Organizers	8
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	Yes
What permits and/or permissions are required and have you secured them? If not secured, please explain.	ESAC operates under a Memorandum of Understanding with the Inyo National Forest.
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	No, we do not anticipate having a cost to participate with ESAC in the future. We want to continue to offer free avalanche information to the public.
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	ESAC will work to make resources and events as accessible as possible when requested by the public. We will be looking into evaluating our website for accessibility and finding simple solutions to increase accessibility for all users. This may be a summer project. We are open to working with any individuals that request certain accommodations. Our events are held in a variety of locations with various levels of accessibility. If anyone were to request specific accommodations, we are open to working to find a solution. This might include finding a different location and/or live streaming or recording the event.
Application is for	Multi-Year Funding
Funding Request per Year	

Year 1	
Amount	12,500
Year 2	
Amount	12,500
Year 3	
Amount	12,500
Total	
Amount	37,500
Amount	51200
Description of Expense	Forecaster 1 Wages: Avalanche Forecasters produce daily avalanche advisories for the Mammoth Basin. Forecasters collect field-based snowpack, weather and avalanche observations, record data, investigate avalanche incidents, review and analyze current and forecasted weather conditions. Avalanche forecasters will interpret specific avalanche problems, and write clear and concise avalanche advisory discussions. Additionally, forecasters are integral in facilitating and presenting the avalanche education events hosted throughout the winter season by ESAC. Forecaster 1 will be employed for a total of 1280 hours at $40/hr.
Amount: Measure U	3500.00
Amount: Cash Match	47700.00
Amount: In-Kind	0.00
Total:	51200.00
Amount	33120
Description of Expense	Forecaster 2 Wages: Avalanche Forecasters produce daily avalanche advisories for the Mammoth Basin. Forecasters collect field-based snowpack, weather and avalanche observations,

	record data, investigate avalanche incidents, review and analyze current and forecasted weather conditions. Avalanche forecasters will interpret specific avalanche problems, and write clear and concise avalanche advisory discussions. Additionally, forecasters are integral in facilitating and presenting at avalanche education events hosted throughout the winter season by ESAC. Forecaster 2 will be employed for a total of 920 hours at $36/hr.
Amount: Measure U	3000.00
Amount: Cash Match	30120.00
Amount: In-Kind	0.00
Total:	33120.00
Amount	29440
Description of Expense	Forecaster 3 Wages: Avalanche Forecasters produce daily avalanche advisories for the Mammoth Basin. Forecasters collect field-based snowpack, weather and avalanche observations, record data, investigate avalanche incidents, review and analyze current and forecasted weather conditions. Avalanche forecasters will interpret specific avalanche problems, and write clear and concise avalanche advisory discussions. Additionally, forecasters are integral in facilitating and presenting at avalanche education events hosted throughout the winter season by ESAC. Forecaster 3 will be employed for a total of 920 hours at $32/hr.
Amount: Measure U	3000.00
Amount: Cash Match	26440
Amount: In-Kind	0
Total:	29440.00

Amount	2800
Description of Expense	Forecaster 4 Wages: Avalanche Forecasters produce daily avalanche advisories for the Mammoth Basin. Forecasters collect field-based snowpack, weather and avalanche observations, record data, investigate avalanche incidents, review and analyze current and forecasted weather conditions. Avalanche forecasters will interpret specific avalanche problems, and write clear and concise avalanche advisory discussions. Additionally, forecasters are integral in facilitating and presenting at avalanche education events hosted throughout the winter season by ESAC. Forecaster 4 will be employed for a total of 800 hours at $35/hr.
Amount: Measure U	3000
Amount: Cash Match	25000.00
Amount: In-Kind	0.00
Total:	28000.00
Amount	26870.40
Description of Expense	Board of Directors Volunteer Time
Amount: Measure U	0.00
Amount: Cash Match	0.00
Amount: In-Kind	26870.40
Total:	26870.40
Total Cost of Expense Items:	168630.40
Total Measure U:	12500.00
Total Cash Match:	129260.00
Total In-Kind:	26870.40
Total Cash Match + In-Kind:	156130.40
Is the Cash Match + In-Kind ≥ Measure U?	Yes

Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	20-2525302
Organization Current Year Budget	2023-2024_ESAC_Budget.pdf (76 KB)
Organization Prior Year Budget	2022-2023_ESAC_Budget.pdf (75 KB)
Organization Most Current Tax Return/990 Form	2022_Form_990_FYE_2023_07_31.pdf (5.23 MB)
Point of Contact	Barb Bemis
Title	Administrative Manager
Email	barb@esavalanche.org
Phone	413-563-3602
Are Business address and mailing address the same?	Yes
Business Address	PO Box 1675
City	Mammoth Lakes
State	California
Website and/or Social Media	https://www.esavalanche.org/ ; Instagram: @esavalanche ; Facebook: Eastern Sierra Avalanche Center
Last Update	2024-01-25 14:55:11
Start Time	2024-01-25 14:48:30
Finish Time	2024-01-25 14:55:11
IP	24.121.147.57
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/res/formLoginReturn

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EASTERN SIERRA COMMUNITY CHORUS

Measure R & U - Grant Application

Reference #	14985608
Status	Complete
Login Username	rrea12@bellsouth.net
Login Email	rrea12@bellsouth.net
Performance Period:	July 1, 2024 - June 30, 2025
Organization	Eastern Sierra Community Chorus
Organization Mission Statement	The Eastern Sierra Community Chorus is dedicated to helping its members grow musically, by learning and performing a variety of superior quality choral music, both sacred and secular, and of diverse cultural and musical styles.
Name of Program	ESCC Events
Program Description and Purpose	The Chorus strives to provide musical experiences that will entertain, uplift, enrich and educate the audience and members for the Eastern Sierra Community.
Program Details (timeline, dates, schedule, venue, etc.)	4th of July (Shady Rest Park with Eastern Sierra Community Orchestra), December Winter Concert (St. Josephs Church) and May Spring Concert (St. Joseph's Church). Practices for about 12 weeks prior to Concerts at Mammoth Community Church, St. Joseph's Church and/or Mammoth High School Music Room. An additional concert will be held in Bishop in December 2023 and May 2024 to support the broader Eastern Sierra Community. Caroling at the Village at Mammoth and

	Mammoth Post Office in December, and potential other venues. The Chorus performs high quality choral music including arrangements of Broadway, Classical, Operatic, Art Song, Popular, Sacred and Secular.
Public Benefit	The Chorus provides an exceptional musical experience (both performing and listening) to its members and its audience through the no-charge public presentation of choral works.
Sustainability	The Chorus has been a presenter of music for over 20 years and after a brief hiatus due to the global pandemic re-emerged in fall 2021. The Chorus started as a group of volunteers, and grew in 2022 to become incorporated in the State of California and has obtained United States IRS Non-Profit status. Continuous increase in donations and volunteers have occurred since restarting in 2021.
Quality of Life	ESCC performances are free of charge and open to the public allowing anyone interested to attend. ESCC performs with other local arts organization including Mammoth High School and the Eastern Sierra Chamber Orchestra. We will have added an ASL Interpreter to aid our hearing impaired audience members.
Stewardship	We use existing facilities (Mammoth Community Church, St. Joseph's Church and Mammoth High School Music Room). We have a large library (13 boxes) of music purchased over many years, and re-use some of these at each concert. Many Choir members carpool to rehearsals and performances.
Deliverable 1:	Holiday performances including 4th of July Concert and Holiday caroling.y

Deliverable 2:	Winter Concert
Deliverable 3:	Spring Concert
Do you have additional Goals/Deliverables?	Yes
Deliverable 4:	The Chorus is dedicated to helping its members grow musically, by learning and performing a variety of superior quality choral music, both sacred and secular, and of diverse cultural and musical styles. We will include a multiweek curriculum in vocal and music education for choir members. The Chorus strives to provide musical experiences that will entertain, uplift, enrich and educate the audience and members.
Do you have additional Goals/Deliverables?	Yes
Deliverable 5:	The Chorus develops a sense of community by providing an opportunity for residents and visitors to hear their friends and neighbors perform music.
Attendees - Locals	250
Attendees - Visitors	100
Volunteers	50
Paid Staff	1
Organizers	7
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	No
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	No. Via public donations and Measure U funding, we don't anticipate asking members to donate.
Do the programs and locations meet ADA	Yes - venues (Mammmoth Community Church,

requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	St. Joseph's Church and/or Mammoth High School Music Room) meet these requirements. Adding ASL Interpreter will help hearing impaired persons.
Application is for	Multi-Year Funding
Funding Request per Year	
Year 1	
Amount	$8,365
Year 2	
Amount	$8,750
Year 3	
Amount	$9,200
Total	
Amount	$26,285
Amount	$1200
Description of Expense	Purchase of Music
Amount: Measure U	600.00
Amount: Cash Match	600.00
Amount: In-Kind	0.00
Total:	1200.00
Amount	$1700
Description of Expense	Copying/printing programs, brochures, music, etc
Amount: Measure U	850.00
Amount: Cash Match	850.00
Amount: In-Kind	0.00
Total:	1700.00
Amount	$6,000
Description of Expense	Piano and Instrumentalist accompanists

Amount: Measure U	3000.00
Amount: Cash Match	3000
Amount: In-Kind	0
Total:	6000.00
Amount	$1060
Description of Expense	Performance Rights
Amount: Measure U	530
Amount: Cash Match	530.00
Amount: In-Kind	0.00
Total:	1060.00
Amount	$900
Description of Expense	Insurance
Amount: Measure U	450.00
Amount: Cash Match	450.00
Amount: In-Kind	0.00
Total:	900.00
Total Cost of Expense Items:	10860.00
Total Measure U:	5430.00
Total Cash Match:	5430.00
Total In-Kind:	0.00
Total Cash Match + In-Kind:	5430.00
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
If you have additional expenses, please list the amount and description on a separate document and upload here.	ESCC_MeasU_Additional_Expenses.docx (41 KB)
Organizations tax status.	Non-Profit 501(c)3

Federal EIN number or ID number:	88-1822902
Organization Current Year Budget	ESCC_2023_Budget_Update_2.19.23.docx (16 KB)
Organization Prior Year Budget	ESCC_2024_Budget_1.22.24.docx (37 KB)
Organization Most Current Tax Return/990 Form	f990ez.pdf (399 KB)
Point of Contact	Roger Rea
Title	ESCC Treasurer
Email	rrea12@bellsouth.net
Phone	919-345-7386
Are Business address and mailing address the same?	No
Business Address	PO Box 915
City	Mammoth Lakes
State	California
Zip Code	93546-0915
Mailing Address	PO Box 915
City	Mammoth Lakes
State	California
Zip Code	93546-0915
Website and/or Social Media	https://eschorus.org and https://www.facebook.com/singESCC/
Last Update	2024-01-24 14:47:10
Start Time	2024-01-22 12:38:18
Finish Time	2024-01-24 14:47:10
IP	47.209.8.254
Browser	Firefox
Device	Desktop
Referrer	https://fs27.formsite.com/res/formLoginReturn

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199N e-Postcard

Confirmation

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Print this page for your records. The Confirmation Number below is proof that you successfully filed your 199N e-Postcard.

We received your 199N e-Postcard on 5/18/2023 10:42:44 AM.

Confirmation Number: 521747613800

Entity ID: 5217476
Entity Name: EASTERN SIERRA COMMUNITY CHORUS

Account Period Information

Account Period Beginning: 1/1/2022
Account Period Ending: 12/31/2022

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

Gross Receipts: $4960

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN: 881822902
Doing Business As: Eastern Sierra Community Choru

Website Address:

Entity's Mailing Address

PO Box 915
Mammoth Lakes CA 93546

Principal Officer's Information

Nancy Holland
810 La Vina Lane
Altadena CA 91001

Contact Information

Name: Roger Rea
Phone: 919-345-7386

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

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SIERRA CLASSIC THEATRE

Measure R & U - Grant Application

Reference #	15017587
Status	Complete
Performance Period:	July 1, 2024 - June 30, 2025
Organization	Sierra Classic Theatre
Organization Mission Statement	Sierra Classic Theatre enhances the quality of life in the Eastern Sierra through the art of quality theatre.
Name of Program	Year round programming
Program Description and Purpose	To provide quality theater to locals, visitors and second homeowners are Mammoth Lakes California. 2024 is our 25th year and we have a lot to celebrate.
Program Details (timeline, dates, schedule, venue, etc.)	At the beginning of the funding cycle we will be finishing our 14th Shakespeare season presenting The Merry Wives of Windsor and The Winters Tale in Repertory August 8th through 25th. We will be doing a big Murder Mystery to celebrate our 25th year in November and will do one other show in the spring. Due to the lack of locations to perform and to rehearse just these three shows will be a lot to take on.
Public Benefit	Our Shakespeare Festival has always been free to the public since we started as Shakespeare in the Woods in 2010. It's donation only and people are free to give what they can. This makes it accessible to all, which I believe is crucial. Our outdoor Shakespeare was the first place people were able to gather as a community after covid. Theater elevates the spirit of audiences and actors and designers and is a wonderful public benefit in this town.

Sustainability	For all our shows we reuse and recycle. We use the same tents every year for Shakespeare no matter how ripped they are. We reuse costumes or buy them at cast off. We have a recycling bin at all our performances and when Bluesa lefts us thousands of tasting glasses that we didn't want instead of throwing them away I took them to recycling and spent our sorting and breaking them into the appropriate bins. Our outdoor Shakespeare in the woods highlights the beauty of our town and our announcements always include the crucial step of reminding audiences to clean up after themselves. At the end of each production, wherever that happens to be, we leave not trace.
Quality of Life	Theater is essential to elevate the quality of life anywhere but I believe especially in a small town. You can talk to any of our audience members and they would agree that our programming elevates the quality of life in Mammoth Lakes. Without it we would life in a much drearier, less magic-filled place.
Stewardship	The definite of stewardship is: the job of supervising or taking care of something, such as an organization or property. I would say theater is all about that. As a group we take care of each other with care. We take care of the work we are presenting whether it's a 400 year old play or a new one. We take care of the ideas the playwright put on paper and share by way of months of rehearsals and painstaking care and then share that story with our town. As a theater organization we acts as stewards of the town by taking care of our actors and our audiences and our physical spaces, inside and out. We have developed relationships with restaurant owners, town managers, town staff, mountain managers.

	What we do is accessible to everybody and a benefit to everybody that lives or visits here. We are cultural stewards and I believe that is essential element in the soul of a town.
Deliverable 1:	Shakespeare Festival: We will perform two Shakespeare shows in Rep with MLRT as the 4th annual Shakespeare festival and 14th Shakespeare in the woods production in August.
Deliverable 2:	We will perform our 25th Murder Mystery at restaurants in town. We would like to extend this from 2 to 3 weeks long and to offer a last production somewhere, maybe at the community center so that people who cannot afford the dinner theater ticket can afford it. We would like everyone in town and visiting to see this year's show. We usually do not use Measure U money for this yearly event but would like to make this year's show truly accessible to everyone regardless of funds so we will likely require some measure u money for this purpose.
Deliverable 3:	A spring show, likely in April. to be performed at a local restaurant or several local restaurants since there will still be no theater we can use.
Do you have additional Goals/Deliverables?	Yes
Deliverable 4:	We would like to host a 25th year party celebrating our 25 years in theater in Mammoth Lakes sometime this summer. Likely it will be a big party at the end of Shakespeare in August or September. We will use this as a fundraiser and a way to celebrate what we have accomplished and the people who have help made theater happen in Mammoth for 25 consecutive years.
Attendees - Locals	2000
Attendees - Visitors	2000
Volunteers	100

Paid Staff	10
Organizers	3
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	Yes
What permits and/or permissions are required and have you secured them? If not secured, please explain.	We always get an event permit for the town of Mammoth Lakes and an ABC license for wine and beer sales for our Summer Shakespeare. We also get a permit from Dirk Winter for the use of the woodsite which we are in the process of securing. For the use of the Community Center, one location that is available to use, we will also secure a permit.
Is there a cost to participate in the program?	Yes
Are scholarships available?	Yes
Please provide a brief explanation of cost and description of scholarship, if available.	Audiences pay a $20 ticket for our regular shows but our summer Shakespeare production is free to the public with a suggested donation. Anyone who wants to see any of our shows but cannot afford to do so can reach out to use and come for free if they volunteer in some capacity or bring a paying friend.
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	Yes.
Application is for	Multi-Year Funding
Funding Request per Year	
Year 1	
Amount	12500
Year 2	

Amount	9000
Year 3	
Amount	7000
Total	
Amount	28500
Amount	7000
Description of Expense	Rental cost for The Woodsite
Amount: Measure U	3500.00
Amount: Cash Match	1750.00
Amount: In-Kind	1750.00
Total:	7000.00
Amount	7000
Description of Expense	Stage rental and set build
Amount: Measure U	3500.00
Amount: Cash Match	1750.00
Amount: In-Kind	1750.00
Total:	7000.00
Amount	8000
Description of Expense	Hired staff expense
Amount: Measure U	4000.00
Amount: Cash Match	2000
Amount: In-Kind	2000
Total:	8000.00
Amount	3000
Amount: Measure U	1500
Amount: Cash Match	750.00
Amount: In-Kind	750.00

Total:	3000.00
Total:	0.00
Total Cost of Expense Items:	25000.00
Total Measure U:	12500.00
Total Cash Match:	6250.00
Total In-Kind:	6250.00
Total Cash Match + In-Kind:	12500.00
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	77-0526504
Organization Current Year Budget	1.23.10.23Profit_and_Loss_Detail_Report_7qjl.pdf (54 KB)
Organization Prior Year Budget	1.22.12.22.Profit_and_Loss_Report_copy.pdf (38 KB)
Organization Most Current Tax Return/990 Form	IRS_filing_2020.pdf (38 KB)
Point of Contact	Allison McDonell Page
Title	Artistic Director
Email	allisonmcpage@gmail.com
Phone	3236465055
Are Business address and mailing address the same?	Yes
Business Address	Po Box 543
City	Mammoth Lakes
State	California
Website and/or Social Media	www.sierraclassictheatre.org
Last Update	2024-01-25 10:56:19
Start Time	2024-01-25 09:17:48

Finish Time	2024-01-25 10:56:19
IP	24.121.30.94
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/mammothlakesrecreation/MeasureU/index

Powered by Formsite

apps.irs.gov/app/eos/details/

https://www.googl... Google Calendar Paragon Login MapQuest Mammoth Weather Your session has ti... article research

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zations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than $50,000 fall into this category.

Tax Year 2023 Form 990-N (e-Postcard)

Tax Period:
2023 (01/01/2023-12/31/2023)

EIN:
77-0526504

Organization Name (Doing Business as):
SIERRA CLASSIC THEATRE

Mailing Address:
Po Box 543
Mammoth Lakes, CA 93546
United States

Principal Officer's Name and Address:
Allison McDonell Page
po box 100
Mammoth Lakes, CA 93546
United States

Gross receipts not greater than:
$50,000

Organization has terminated:
No

Website URL:
Sierra Classic Theatre

Tax Year 2020 Form 990-N (e-Postcard)

Tax Period:
2020 (01/01/2020-12/31/2020)

EIN:
77-0526504

Organization Name (Doing Business as):
SIERRA CLASSIC THEATRE

Mailing Address:
PO Box 543
Mammoth Lakes, CA 93546
United States

Principal Officer's Name and Address:
Lesley-Anne Hoxie
PO Box 8540
Mammoth Lakes, CA 93546
United States

Gross receipts not greater than:
$50,000

Organization has terminated:
No

Website URL:
www.sierraclassictheatre.org

SOUTHERN MONO HISTORICAL SOCIETY

Measure R & U - Grant Application

Reference #	15024639
Status	Complete
Login Username	robtjoki@gmail.com
Login Email	robtjoki@gmail.com
Performance Period:	July 1, 2024 - June 30, 2025
Organization	Southern Mono Historical Society
Organization Mission Statement	Enhance, educate, preserve, and interpret the history of Mammoth Lakes, California and its place in the overall history of the settlement of the Eastern Sierra.
Name of Program	History Trolley
Program Description and Purpose	One Costumed Entertainer per trolley who can tell stories and provide music or other entertainment on their own, as well as informing visitors about weekend Town events and activities. Entertainers will be hired based on their ability to responsibly represent the Town, and The Mammoth Museum in a professional manner; their individual talents; and their desire to work regular shifts every week for consistency in programming. A program that promotes and serves TOURISM by entertaining and educating visitors to Mammoth Lakes, while also providing over 700 newly created job hours for local residents as docents, entertainers. and program administration.

	A highly acclaimed and proven program created in 2017, and administered for the summer tourist season, by The Mammoth Museum (SMHS), in a partnership with the Eastern Sierra Transit Authority (ESTA) and the Town of Mammoth Lakes.
Program Details (timeline, dates, schedule, venue, etc.)	Two Storytellers ride the Trolley simultaneously on Fridays, Saturdays, Sundays, and special holidays starting July 1st, and every week until September 7th, 2024. In the event that the Town Trolley is not running any particular day, the Storytellers will instead work their assigned shift in a select area within the Town where they are most likely to encounter visiting tourists (as in the Visitor's Center, the Museum, or the Village).
Public Benefit	Entertains, educates, and inspires the visiting public, as well as local residents, by sharing the story of the development of Mammoth Lakes. The program interacts with approximately 10,000 people per season. Inspires visitors to explore lesser-known parts of the Mammoth Lakes area, and to become return visitors.
Sustainability	A popular and proven program which just concluded its 6th successful season. Provides 600+ hours of quality employment for local residents per season.
Quality of Life	Provides laughter and education in an entertaining environment.
Stewardship	Discussions include how a visitor can help us promote sustainable tourism, as well as educating the public on how to properly interact with our bear population.
Deliverable 1:	Provide 575 total program hours.
Deliverable 2:	Provide Trained Quality Entertainers/Storytellers
Deliverable 3:	Report to Town Council

Do you have additional Goals/Deliverables?	No
Attendees - Locals	500
Attendees - Visitors	9500
Volunteers	1
Paid Staff	5
Organizers	1
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	Yes
What permits and/or permissions are required and have you secured them? If not secured, please explain.	Contract with Eastern Sierra Transit Authority
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	No
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	Yes - ADA accommodations are the responsibility of the Eastern Sierra Transit Authority.
Application is for	Multi-Year Funding
Funding Request per Year	
Year 1	
Amount	7,000.00
Year 2	
Amount	7,000.00
Year 3	
Amount	7,000.00
Total	

Amount	7,000.00
Amount	14,400.00
Description of Expense	Labor
Amount: Measure U	7000.00
Amount: Cash Match	7440.00
Amount: In-Kind	0.00
Total:	14440.00
Amount	2,880.00
Description of Expense	Employment Costs
Amount: Measure U	0.00
Amount: Cash Match	2880.00
Amount: In-Kind	0.00
Total:	2880.00
Amount	1,200.00
Description of Expense	Office and Administrative Costs
Amount: Measure U	0.00
Amount: Cash Match	1200
Amount: In-Kind	0
Total:	1200.00
Amount	4,000.00
Description of Expense	Salary Program Director
Amount: Measure U	0
Amount: Cash Match	4000.00
Amount: In-Kind	0.00
Total:	4000.00
Total:	0.00
Total Cost of Expense Items:	22520.00

Total Measure U:	7000.00
Total Cash Match:	15520.00
Total In-Kind:	0.00
Total Cash Match + In-Kind:	15520.00
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	77-0053500
Organization Current Year Budget	SMHS_2024_Budget.docx (15 KB)
Organization Prior Year Budget	SMHS_2023_Budget.docx (24 KB)
Organization Most Current Tax Return/990 Form	2021_Exempt_2200_SOUTHERN_MONO_HISTORICAL_SOCIETY_INC._ClientCopy_mWhI.pdf (3.28 MB)
Point of Contact	Michael Dostrow
Title	Program Director
Email	docmpd@yahoo.com
Phone	7609141632
Are Business address and mailing address the same?	Yes
Business Address	PO Box 65
City	Mammoth Lakes
State	California
Website and/or Social Media	mammothmuseum.org
Last Update	2024-01-26 17:01:40
Start Time	2024-01-26 16:51:59
Finish Time	2024-01-26 17:01:40
IP	172.56.152.6
Browser	Edge

Device	Desktop
Referrer	https://fs27.formsite.com/mammothlakesrecreation/MeasureU/form_login.html

SOUTHERN MONO HISTORICAL SOCIETY

Mammoth Museum at the Hayden Cabin

Proposed Full Year BUDGET – 2024 (Jan. 2024– Dec 2024)

INCOME:

Donations (Daily, Sponsor)	8,000.00
Membership Dues	6,000.00
Venue Donations (Weddings)	6,500.00
Venue Rental Items	200.00
Gift Shop Sales	2,000.00
Town Grant - Museum Operations	50,000.00
Fundraiser Event Donations (Music & Moonshine, Pioneer Day)	500.00
History Trolley - Measure U Program Grant	11,500.00
Matching Grant	11,500.00
Mono County Historical Society Grant	3,000.00

Grand TOTAL INCOME $ 104,200.00

EXPENSES - *Museum Operations*

Gift Shop - Cost of Goods Sold	1,000.00
Sales Tax	185.00
USFS 3%	60.00
Venue Rental Item Acquisitions (Tables, Chairs etc)	500.00
Insurance	2,400.00
Repairs & Maintenance	3,000.00
Portable Toilets/Washstands/Dumpster/Recycling	4,750.00

Drinking Water	125.00
Electricity	1,500.00
Telephone/Internet	1,600.00
Sierra Security Alarm	500.00
Website Maintenance	500.00
Advertising	3,000.00
Fees/Dues	200.00
Licenses and Fees (incl. ABC daily permits)	800.00
Postage, Copy, Printing	500.00
Professional Fees (Bookkeeping & Tax Preparation)	2,500.00
Office and Misc. Supplies	1,000.00
Landscaping/ Tent Labor	2,200.00
Special Event Expenses	
Music & Moonshine/ July 4th/ Member Party/ Book Festival	2,000.00
TOTAL NON-EMPLOYEE EXPENSES	**$ 28,320.00**

Employee & Payroll Expenses:	
Museum Staff	35,000.00
History Trolley Payroll/Payroll Tax & W/C Ins. Overhead	22,900.00
Payroll Taxes (non-Trolley Program)	4,000.00
Workman's Compensation (non-Trolley Program)	900.00
TOTAL EMPLOYEE EXPENSES	**$ 39,250.00**

TOTAL EXPENSES	**$ 67,570.00**
Repay Restricted Funds	$ 35,000.00
Grand TOTAL EXPENCES	**$ 102,570.00**

MAMMOTH LAKES
RECREATION

2024/2025

APPROVED MULTI-YEAR

Applications

CHAMBER MUSIC UNBOUND

Measure R & U - Approved Multi-Year Programs

Reference #	11043659
Status	Complete
Login Username	Felici@ChamberMusicUnbound.org
Login Email	Felici@ChamberMusicUnbound.org
Application is for Performance Period:	July 1, 2024 - June 30, 2025
Program Is In	Year 2 of 3
Organization	Chamber Music Unbound
Name of Program	CMU's Year-Round Education and Performance Programs
Deliverable 1:	CMU's deliverables for the 2024/2025 season encompass a wide range of music education and performance programs that bring together Mammoth residents and visitors of all ages and backgrounds. They fall into the following four project areas: the Unbound Chamber Music Festival, The Felici & Friends Winter Concert Series, "Kids Concerts" and the Community Music School. The 2024 Unbound Chamber Music Festival is a two-week long event during the summer. The dates for the upcoming festival, which have been cleared with Cerro Coso Community College, are July 15th to July 28th, 2024. Festival events will include 6 ticketed concert programs and a number of rehearsals that are free and open to the public, all ticketed performances are scheduled to take place in the lobby-turned-concert-hall of CCCC. This world-class festival has been ongoing since 2001 and presents an array of up to 20 international musical guests that

perform together in a wide range of instrument combinations. The musicians of the Felici Piano Trio serve as its artistic and administrative directors. The UCMF's stellar reputation reaches far beyond California and specific advertising along with brochure mailings attract audiences from across the country. At the same time the festival enjoys a loyal local following of residents and second home owners, many of whom volunteer in the planning, set-up and implementation stages. The volunteers and their sets of expertise are indispensable for the festival and CMU makes available free tickets and event passes for key volunteer personnel. Individual tickets are a little more expensive than for the winter series, reflecting the higher production cost with an increased budget for artist compensation,...

... travel and hospitality.

With the festival and winter series, CMU aims to consistently serve the community year-round with performances at the highest level of professionalism, and at the same time to contribute to Mammoth's profile on the map of cultural tourism. CMU's public concert series at Cerro Coso College is easily and widely accessible to all potential participants. Performances are publicized in a timely manner through three local newspaper outlets, as well as local radio and TV, the TOML website/newsletter, and social media. Brochures are distributed annually through Certified Folder and distributed through CMU's mailing list.

Deliverable 2:

The Felici & Friends Winter Concert Series is a six-event series of professional chamber music in ticketed concerts with the resident Felici Piano

	Trio and renowned guest artists, serving Eastern Sierra residents as well as visitors from September to May. It was inaugurated in the fall of 1998 when the trio was chosen to move to Mammoth Lakes on the NEA-funded “Rural Residencies Grant.” Ever since, this annual series has been surveying the repertoire, ranging from the Baroque period to contemporary music, eclectically mixing the old and the new. The winter series is widely advertised and open to the public. Ticket prices are well under the average of comparable series, because full-time residents’ median income in Mammoth is well below the California average. Free tickets are provided to students enrolled in music classes at Cerro Coso College, CMU’s Community Music School and MUSD, as well as volunteers who help with the set-up and tear-down necessary for each concert. Like the UCMF, the Felici & Friends Series is made possible in big part through the generosity of individual and institutional donors.
Deliverable 3:	“Kids Concerts” for MUSD students and staff have been an integral part of the Felici Piano Trio's education programs ever since the ensemble's first season in Mammoth. Frequently featuring visiting guest artists as well as young and upcoming local musicians, the Felicis perform a series of between 20-30 concerts each year that are organized and presented in collaboration with the Mammoth Lakes Friends of the Library, MES PTO, MMS PTO, MHS Band and Choir Program, MUSD, ESUSD, and the County of Mono. “KCs” are designed to be highly interactive, with students participating in the music making through singing, clapping, dancing, conducting, and enacting musical expression in physical gestures. They engage

	different age groups through a variety of activities and help students forge intellectual, spiritual, and emotional connections to music as an art form. The live-concert experience opens doors to far-away places and long-gone times, but also addresses students' spiritual needs in the here and now, because it enables young listeners to derive personal value as well as communal meaning from the artistic experience. Through "KCs", CMU's goal is to allow students to develop a degree of musical literacy and deepen their sense of artistic perception as they learn to describe the basic elements of music. Their understanding of musical processes is furthered through active participation: singing, clapping, acting out melodic gestures and imitating dynamics, in playful interaction with the artist-teachers. The ultimate goal of "Kids Concerts" is for the music itself to communicate value-based life lessons on individuality and community and their healthy interaction.
Do you have additional Goals/Deliverables?	Yes
Deliverable 4:	CMU's Community Music School offers affordable high quality music education to residents of all ages and skill levels, year-round, in individual and group lessons. Instruction mostly takes place after-school and on weekends. Sign-ups for group lessons are announced through the bilingual MES newsletter to parents. Ongoing communication with parents is facilitated in English and Spanish. Historically, up to half the participants receive some form of financial aid, either in the form of tuition scholarships, low cost rentals or free loaner instruments. The music school focuses on instruction of string instruments and piano,

	chamber music and orchestra, thus broadening the options for local students. In the group lessons, students progress through a specifically designed course of study. This includes folk songs from around the world, simplified classical works, as well as Broadway and movie tunes. The elementary curriculum is based on the “a-song-a-week” approach: a very successful student can learn and perform about 30 new pieces of increasing difficulty every school year. In Honors Strings for middle and high school students, the foundation is laid for ensemble playing. Students acquire basic to advanced skills in chamber music and orchestral playing, developing purposeful listening and theoretical analysis of the musical text. The most successful students will gain a skill level that allows them to join the community orchestra, which performs standard Classical and Pops repertoire, while they are still in middle or high school. In collaboration with CCCC, St. Joseph's Church and the MUSD, CMU's Community Music School presents between four to six free concerts every year to the general public.
	The emphasis of instruction at...
	... CMU’s community music school’s group instruction is on the collaborative aspect of music making and development of team spirit. A variety of styles, including jazz, folk and popular, are explored in the music chosen for (and sometimes by) the various groups, and this allows students to investigate different cultures and ways of life. Students forge connections with the past, thus inviting curiosity into fields of study other than music.
Do you have additional Goals/Deliverables?	No

Attendees - Locals	2100
Attendees - Visitors	450
Volunteers	25
Paid Staff	3
Organizers	10
Is this an increase or decrease over last year?	Increase
Please explain.	With the post-COVID trend of audience numbers increasing about 7% annually, we project this modest increase in numbers for both locals and visitors.
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	Yes
What permits and/or permissions are required and have you secured them? If not secured, please explain.	CMU has obtained permission from the MUSD and Cerro Coso College to present on-site activities.
Is there a cost to participate in the program?	Yes
Are scholarships available?	Yes
Please provide a brief explanation of cost and description of scholarship, if available.	As a matter of policy, CMU's year-round after-school group programs accept every student who wishes to participate, regardless of financial means. Since the median income of Mono County families is well below the California average, CMU receives a significant number of scholarship requests each year, in spite of the fact that the program cost to families is already low, comparable to child care rates. CMU disburses two kinds of scholarships: loaner instruments and tuition waivers. In total, CMU is offering over $16,000 in aid to Mammoth Lakes students every year. CMU receives partial funding from the MES PTO, the Mammoth Lakes Lions and the Rotary Foundation, totaling $3,000

	this fiscal year. CMU also awards merit scholarships to deserving students in the individual lesson program. These scholarships are awarded in the form of tuition wavers and are based on a student's prior application to and progress in musical learning. Funding for merit scholarships comes in part from private donations that memorialize community members and their passion for music education. "Kids Concerts" are offered at no cost to the local schools. In some years, they are supported by donations from the PTOs, service clubs, and the County of Mono. This year, the support received for "KC" amounts to $3,200. There is no cost to the individual students who participate in "KCs". Student and student ensemble performances are given free of charge in public places such as the local schools, on the college campus, churches, and parks. Every season, free tickets to professional concerts are provided for all the local students in after-school music programs and the students in...
	... Cerro Coso College music classes. Furthermore, free tickets are made available, upon request, to families or individuals in need. Free tickets are provided to volunteers who help with the set-up and tear-down before and after concerts.
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/	CMU utilizes only ADA-compliant facilities for its programs.

effective-comm.htm)	
Measure U Funding Committed to This Performance Period:	32000
Amount	87000
Description of Expense	Ensemble-in-Residence - music instruction, Kids Concerts planning and performance, Winter Series planning and performance
Amount: Measure U	20000.00
Amount: Cash Match	67000.00
Amount: In-Kind	0.00
Total:	87000.00
Amount	26000
Description of Expense	Guest Performing/Teaching Artists - fees and housing
Amount: Measure U	9000.00
Amount: Cash Match	12000.00
Amount: In-Kind	5000.00
Total:	26000.00
Amount	9000
Description of Expense	Event Marketing - ads, social media, brochures, posters, website
Amount: Measure U	3000.00
Amount: Cash Match	5000.00
Amount: In-Kind	1000.00
Total:	9000.00
Amount	30000
Description of Expense	Office & Instrument Expenses: rent, utilities, maintenance, supplies, insurance
Amount: Measure U	0.00

Amount: Cash Match	27000.00
Amount: In-Kind	3000.00
Total:	30000.00
Amount	33000
Description of Expense	Employee Expenses & Benefits: payroll taxes, workers' comp premiums, health insurance, 403(b)
Amount: Measure U	0.00
Amount: Cash Match	33000.00
Amount: In-Kind	0.00
Total:	0.00
Total Cost of Expense Items:	152000.00
Total Measure U:	32000.00
Total Cash Match:	144000.00
Total In-Kind:	9000.00
Total Cash Match + In-Kind:	153000.00
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	27-0054977
Organization Current Year Budget	2024_01_Measure_U_2023_24_Org_Full_Budget.xlsx (156 KB)
Organization Prior Year Budget	2024_01_Measure_U_2022_23_Org_Full_Budget.xlsx (156 KB)
Organization Most Current Tax Return/990 Form	IRS_990_2022_2023_no_sch_B.pdf (387 KB)
Point of Contact	Brian Schuldt
Title	Exec. Director
Email	Felici@ChamberMusicUnbound.org

Phone	760 934 7-015
Are Business address and mailing address the same?	No
Business Address	289 Wagon Wheel Rd
City	Mammoth Lakes
State	California
Zip Code	93546
Mailing Address	PO Box 1219
City	Mammoth Lakes
State	California
Zip Code	93546
Website and/or Social Media	ChamberMusicUnbound.org / facebook.com/chambermusicunbound
Last Update	2024-01-26 06:14:08
Start Time	2024-01-22 10:55:59
Finish Time	2024-01-26 06:14:08
IP	47.209.0.82
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/mammothlakesrecreation/multi/form_login.html

Powered by Formsite

EASTERN SIERRA ARTS ALLIANCE

Measure R & U - Approved Multi-Year Programs

Reference #	15018681
Status	Complete
Application is for Performance Period:	July 1, 2024 - June 30, 2025
Program Is In	Year 2 of 3
Organization	Eastern Sierra Arts Alliance
Name of Program	MLRT 2024 - 2025 Season
Deliverable 1:	2024-2025 Season of 10 Productions/Events - A full season is planned for and produced on an ongoing basis. Some events can take up to 12 months of planning while others can take 3 months of planning. We keep track of our audience numbers and create a detailed budget for each of the 10 events we produce. Each production/event has its own marketing plan as some events need more or less marketing than others. We have been a responsible grantee in the past by always submitting the progress and performance reports to MLR by the due date.
Deliverable 2:	Sustaining our youth programming. We have modified 2 productions/events that are included in the Season 10 Productions / Events that are targeted for our youth. We would like to explore diversifying our season to include more events for our local youth.
Deliverable 3:	N/A
Do you have additional Goals/Deliverables?	No
Attendees - Locals	2500
Attendees - Visitors	1500
Volunteers	100

Paid Staff	1 staff 20+ Contract service
Organizers	1
Is this an increase or decrease over last year?	Decrease
Please explain.	We have taken out the Mammoth Lakes Film Fesitval out of the season and that brings in the most visitors and local attendees.
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	No
Is there a cost to participate in the program?	Yes
Are scholarships available?	Yes
Please provide a brief explanation of cost and description of scholarship, if available.	70% of our productions are ticketed with the exception of our Theatre for Young Audience production and other Youth programs like our Video Production Workshop for High School and College students, which is completely free of charge, our Shakespeare Festival production which is a suggested donation with nobody turned away for lack of funds policy. Most tickets for all other productions range from $10.00 to $22.00 We give scholarships to 2 students a year for the Shakespeare summer camp for kids.
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	All town venues that we are using meet the ADA requirements.
Measure U Funding Committed to This Performance Period:	40,000
Amount	50,000

Description of Expense	staff/contract services/artist fees
Amount: Measure U	20000.00
Amount: Cash Match	20000.00
Amount: In-Kind	10000.00
Total:	50000.00
Amount	30,000
Description of Expense	Theatre production expenses- Props/Sets/ Costumes/Royalties
Amount: Measure U	15000.00
Amount: Cash Match	15000.00
Total:	30000.00
Amount	12000
Description of Expense	Misc - Awards/Equipment rentals/Venue rentals/ Printing
Amount: Measure U	5000.00
Amount: Cash Match	5000.00
Amount: In-Kind	2000.00
Total:	12000.00
Total:	0.00
Total:	0.00
Total Cost of Expense Items:	92000.00
Total Measure U:	40000.00
Total Cash Match:	40000.00
Total In-Kind:	12000.00
Total Cash Match + In-Kind:	52000.00
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes

Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	85-1346238
Organization Current Year Budget	MLRT_Budget_2024-2025_Measure_U.xlsx (12 KB)
Organization Prior Year Budget	MLRTSeason2324_123123_partial.xlsx (12 KB)
Organization Most Current Tax Return/990 Form	ESAA_Form990_2021.pdf (6.71 MB)
Point of Contact	Shira Dubrovner
Title	Executive Director
Email	mammothlakesrep@yahoo.com
Phone	3236555153
Are Business address and mailing address the same?	Yes
Mailing Address	P.O.Box 1316
City	Mammoth Lakes
State	California
Zip Code	93546
Website and/or Social Media	mammothlakesrep.org
Last Update	2024-01-25 13:57:10
Start Time	2024-01-25 11:11:22
Finish Time	2024-01-25 13:57:10
IP	162.252.90.114
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/mammothlakesrecreation/multi/index

Powered by Formsite

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning January 01 , 2022, and ending December 31 , 20 22

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization EASTERN SIERRA ARTS ALLIANCE

Doing business as Mammoth Lakes Film Festival; Mammoth Lakes Repertory

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 1316

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: MAMMOTH LAKES, CA 93546-1316

D Employer identification number: 85-1346238

E Telephone number: 760-934-4932

G Gross receipts $ 271,570

F Name and address of principal officer: Juliana Olinka Jones
PO BOX 1316,,MAMMOTH LAKES,CA 93546-1316

H(a) Is this a group return for subordinates? ☐ Yes ☐ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: easternsierraarts.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2020

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To produce performing arts in the Eastern Sierra and to support other arts organizations.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	146,441	178,047
9	Program service revenue (Part VIII, line 2g)	70,137	92,017
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	93
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(5,280)	(2,838)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211,298	267,319

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,515	43,419
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 550		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	257,354	253,318
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	272,869	296,737
19	Revenue less expenses. Subtract line 18 from line 12	(61,571)	(29,418)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	157,206	167,788
21	Total liabilities (Part X, line 26)	45,000	85,000
22	Net assets or fund balances. Subtract line 21 from line 20	112,206	82,788

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Jo Bacon , Secretary/Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Jo Bacon		01/31/2023		

Firm's name

Firm's EIN

Firm's address PO Box 100 PMB 134, Mammoth Lakes, CA, 93546

Phone no. 760-934-4932

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☑ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

Develop, produce, and nurture performing and visual arts by providing year-round programming and creative support that inspires, educates, entertains, and provokes thought while also making a vital contribution to the community's economy, culture, and spirit.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 182,932 including grants of $ 0) (Revenue $ 151,483)

Mammoth Lakes Film Festival - present an annual festival to encourage up-and-coming filmmakers and to bring quality films to Eastern Sierra audiences.

4b (Code:) (Expenses $ 104,745 including grants of $ 0) (Revenue $ 81,918)

Mammoth Lakes Repertory Theatre - present plays, music events, and films at various venues throughout the Eastern Sierra.

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services (Describe on Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses 287,677

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	☑	☐
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	☑	☐
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	☐	☑
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	☐	☑
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	☐	☑
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	☐	☑
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	☐	☑
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	☐	☑
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	☐	☑
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	☐	☑
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	☐	☑
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	☐	☑
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	☐	☑
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	☐	☑
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	☐	☑
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	☐	☑
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	☐	☑
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	☐	☑
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	☐	☑
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	☐	☑
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	☐	☑
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	☐	☑
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	☐	☑
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	☐	☑
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	☐	☑
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	☐	☑
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	☐	☑
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	☐	☐
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	☐	☑

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	☐	☑
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	☐	☑
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	☐	☑
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	☐	☐
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	☐	☐
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	☐	☐
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a	☐	☑
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b	☐	☑
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	☐	☑
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	☐	☑
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	☐	☑
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	☐	☑
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	☐	☑
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	☐	☑
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	☐	☑
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31	☐	☑
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32	☐	☑
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	☐	☑
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	☐	☑
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	☐	☑
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	☐	☐
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	☐	☑
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37	☐	☑
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	☑	☐

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	11		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		☑	☐

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		☑	☐
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		☐	☑
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		☐	☐
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		☐	☑
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		☐	☑
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		☐	☑
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		☐	☐
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		☐	☑
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		☐	☐
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		☐	☑
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		☐	☐
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		☐	☑
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		☐	☑
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		☐	☑
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		☐	☑
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		☐	☑
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		☐	☑
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		☐	☑
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		☐	☑
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		☐	☐
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		☐	☐
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		☐	☑
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		☐	☐
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		☐	☑
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		☐	☑
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		☐	☐

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	3		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		☐	☑
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		☐	☑
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		☐	☑
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		☐	☑
6	Did the organization have members or stockholders?	6		☐	☑
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		☐	☑
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		☐	☑
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		☑	☐
b	Each committee with authority to act on behalf of the governing body?	8b		☐	☐
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		☐	☑

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	☐	☑
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	☐	☐
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	☑	☐
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	☑	☐
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	☑	☐
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	☑	☐
13	Did the organization have a written whistleblower policy?	13	☑	☐
14	Did the organization have a written document retention and destruction policy?	14	☑	☐
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	☑	☐
b	Other officers or key employees of the organization	15b	☐	☑
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	☐	☑
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	☐	☐

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Jo Bacon, PO Box 1316, Mammoth Lakes, CA, 93546, (760) 934-4932

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Juliana Olinka Jones President	3.00 0.00	☐	☐	☑	☐	☐	☐	0	0	0
(2) Nick Kitinski Vice President	3.00 0.00	☐	☐	☑	☐	☐	☐	0	0	0
(3) Jo Bacon Secretary/Treasurer	15.00 0.00	☐	☐	☑	☐	☐	☐	0	0	0
(4) Shira Dubrovner Executive Director	40.00 0.00	☐	☐	☐	☐	☑	☐	40,000	0	0
(5)		☐	☐	☐	☐	☐	☐			
(6)		☐	☐	☐	☐	☐	☐			
(7)		☐	☐	☐	☐	☐	☐			
(8)		☐	☐	☐	☐	☐	☐			
(9)		☐	☐	☐	☐	☐	☐			
(10)		☐	☐	☐	☐	☐	☐			
(11)		☐	☐	☐	☐	☐	☐			
(12)		☐	☐	☐	☐	☐	☐			
(13)		☐	☐	☐	☐	☐	☐			
(14)		☐	☐	☐	☐	☐	☐			

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)		☐	☐	☐	☐	☐	☐			
(16)		☐	☐	☐	☐	☐	☐			
(17)		☐	☐	☐	☐	☐	☐			
(18)		☐	☐	☐	☐	☐	☐			
(19)		☐	☐	☐	☐	☐	☐			
(20)		☐	☐	☐	☐	☐	☐			
(21)		☐	☐	☐	☐	☐	☐			
(22)		☐	☐	☐	☐	☐	☐			
(23)		☐	☐	☐	☐	☐	☐			
(24)		☐	☐	☐	☐	☐	☐			
(25)		☐	☐	☐	☐	☐	☐			
1b Subtotal								40,000	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								40,000	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**	☐	☑
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**	☐	☑
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**	☐	☑

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	60,542				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	117,505				
	g	Noncash contributions included in lines 1a–1f	1g	$ 8,687				
	h	**Total.** Add lines 1a–1f			178,047			
Program Service Revenue				Business Code				
	2a	Film Submission Fees			43,677	43,677	0	0
	b	Partner Proceeds			19,513	19,513	0	0
	c	Ticket Sales			28,827	28,827	0	0
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f			92,017			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			93	93	0	0
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)			0			
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0 / 0				
	d	Net gain or (loss)			0			
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	10a	1,413				
	b	Less: cost of goods sold	10b	4,251				
	c	Net income or (loss) from sales of inventory			(2,838)	(2,838)	0	0
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			267,319	89,272	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,000	40,000	0	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,419	3,419	0	0
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	59,910	59,910	0	0
12 Advertising and promotion	23,063	23,063	0	0
13 Office expenses	3,157	1,381	1,776	0
14 Information technology				
15 Royalties	4,436	4,436	0	0
16 Occupancy				
17 Travel	73,445	73,445	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,601	1,778	7,823	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
a Production Support	56,761	56,761	0	0
b Awards/Token Gifts	22,945	22,395	0	550
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	296,737	286,588	9,599	550
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	157,206	1	167,788
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 0			
	b	Less: accumulated depreciation — 10b: 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	157,206	16	167,788
Liabilities	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	45,000	19	85,000
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	45,000	26	85,000
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☑ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	112,206	31	82,788
	32	Total net assets or fund balances	112,206	32	82,788
	33	Total liabilities and net assets/fund balances	157,206	33	167,788

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	267,319
2	Total expenses (must equal Part IX, column (A), line 25)	2	296,737
3	Revenue less expenses. Subtract line 2 from line 1	3	(29,418)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	112,206
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,788

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	☐	☑
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	☐	☑
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	☐	☐
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	☐	☑
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	☐	☐

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
EASTERN SIERRA ARTS ALLIANCE	85-1346238

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)			☐	☐		
(B)			☐	☐		
(C)			☐	☐		
(D)			☐	☐		
(E)			☐	☐		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	268,864	186,285	188,873	644,022
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	28,136	73,917	102,053
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	0	0	268,864	214,421	262,790	746,075
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support.** (Subtract line 7c from line 6.)						746,075

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	0	0	268,864	214,421	262,790	746,075
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	93	93
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	93	93
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	268,864	214,421	262,883	746,168

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☑

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	☐	☐
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2	☐	☐
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a	☐	☐
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b	☐	☐
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c	☐	☐
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a	☐	☐
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b	☐	☐
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c	☐	☐
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a	☐	☐
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	☐	☐
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c	☐	☐
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6	☐	☐
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7	☐	☐
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8	☐	☐
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a	☐	☐
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b	☐	☐
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c	☐	☐
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a	☐	☐
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b	☐	☐

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a ☐	☐
b	A family member of a person described on line 11a above?	11b ☐	☐
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c ☐	☐

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1 ☐	☐
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2 ☐	☐

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1 ☐	☐

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 ☐	☐
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2 ☐	☐
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3 ☐	☐

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a ☐	☐
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b ☐	☐
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3a ☐	☐
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b ☐	☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2022 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . .			
b	Excess from 2019 . . .			
c	Excess from 2020 . . .			
d	Excess from 2021 . . .			
e	Excess from 2022 . . .			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
EASTERN SIERRA ARTS ALLIANCE	85-1346238

Form and Line Reference: Part VI Line 12c

Annual review of the policy and certification form signed for each Board Member and the Executive Director.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or Form 990-EZ.**

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OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
EASTERN SIERRA ARTS ALLIANCE	85-1346238

Form and Line Reference: Part VI Line 15

Review of local organizations with similar operations.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
EASTERN SIERRA ARTS ALLIANCE	85-1346238

Form and Line Reference: Part VI Line 11b

Electronic copy provided to all Board Members and Executive Director for review and discussion. Phone conversation then held to discuss any questions.

EASTERN SIERRA SYMPHONY

Measure R & U - Approved Multi-Year Programs

Reference #	15018687
Status	Complete
Login Username	stephenthiroux@gmail.com
Login Email	stephenthiroux@gmail.com
Application is for Performance Period:	July 1, 2024 - June 30, 2025
Program Is In	Year 2 of 3
Organization	Eastern Sierra Symphony Association, Inc
Name of Program	Eastern Sierra Symphony Song and Wind Music Mentorship
Deliverable 1:	The mission of Eastern Sierra Symphony Song and Wind Music Mentorship program is to provide on-line and in-person music instruction to the students in the music programs of the elementary, middle and high schools of the Mammoth School District, completely and always free of charge to all of these students.
Deliverable 2:	The sole deliverable regarding the Measure U Grant is the Music Mentorship Program.
Deliverable 3:	The sole deliverable regarding the Measure U Grant is the Music Mentorship Program.
Do you have additional Goals/Deliverables?	No
Attendees - Locals	150
Attendees - Visitors	0
Volunteers	0
Paid Staff	6
Organizers	1
Is this an increase or decrease over last year?	Decrease

Please explain.	There has been difficulty getting and keeping on-line coaches.
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	No
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	No. The mission for the program is to offer all services free of charge.
Are scholarships available?	No
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	Yes.
Measure U Funding Committed to This Performance Period:	$15500
Amount	3225
Description of Expense	43 hours of instrumental coaching
Amount: Measure U	2225.00
Amount: Cash Match	1000.00
Amount: In-Kind	0.00
Total:	3225.00
Amount	1607.17
Description of Expense	Insurance, Storage, Miscellaneous
Amount: Measure U	0.00
Amount: Cash Match	1607.17
Amount: In-Kind	0.00
Total:	1607.17
Total:	0.00

Total:	0.00
Total:	0.00
Total Cost of Expense Items:	4832.17
Total Measure U:	2225.00
Total Cash Match:	2607.17
Total In-Kind:	0.00
Total Cash Match + In-Kind:	2607.17
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	95-3203747
Organization Current Year Budget	ESS_2023-24_Budget.numbers (786 KB)
Organization Prior Year Budget	ESS_Final_Actuals_070122-063023.numbers (786 KB)
Point of Contact	Stephen Thiroux
Title	Artistic Administrator
Email	stephenthiroux@gmail.com
Phone	3238238935
Are Business address and mailing address the same?	No
Business Address	100 College Parkway
City	Mammoth Lakes
State	California
Zip Code	93546
Mailing Address	PO Box 7710
City	Mammoth LaKes
State	California

Zip Code	93546
Website and/or Social Media	www.easternsierrasymphony.org
Last Update	2024-01-25 14:07:18
Start Time	2024-01-25 13:38:19
Finish Time	2024-01-25 14:07:18
IP	71.92.112.69
Browser	Safari
Device	Desktop
Referrer	https://fs27.formsite.com/res/submit

Powered by Formsite

FRIENDS OF THE INYO

Measure R & U - Approved Multi-Year Programs

Reference #	13025563
Status	Complete
Login Username	lindsay@friendsoftheinyo.org
Login Email	lindsay@friendsoftheinyo.org
Application is for Performance Period:	July 1, 2024 - June 30, 2025
Program Is In	Year 3 of 3
Organization	Friends of the Inyo
Name of Program	Mammoth Lakes Trail Ambassador
Deliverable 1:	One dedicated Trail Ambassador to the Mammoth Lakes sphere of influence trained and certified to USFS standards on how to perform vital maintenance on popular trails within the Town of Mammoth Lakes, removing fallen trees, cleaning water bars, and repairing rock steps. The Mammoth Lakes TA will maintain or patrol all Forest Service system foot trails accessible from the Town of Mammoth Lakes, remaining within the Mono County boundary and the Town of Mammoth Lakes Sphere of Influence. During regular trail patrols, the Mammoth Lakes TA will make contact with trail users, sharing information about trail conditions, fire restrictions, safety, Leave No Trace principles, and wilderness ethics.
Deliverable 2:	Volunteer Opportunities: The Mammoth Lakes TA will lead volunteers in stewardship projects. These projects will include at least one volunteer community stewardship cleanup event at a location designated within the Mammoth Lakes Sphere of Influence, collaborations with local youth groups for volunteer stewardship events,

	and could include a more immersive "Backcountry Stewardship" event pending approval by the USFS.
Deliverable 3:	Interpretive Hikes: A primary goal of the Mammoth Lakes TA program is to share the stories of our region's natural and cultural history. From June through September, the Mammoth Lakes TA will lead monthly interpretive walks, engaging a group of 15 participants on topics ranging from geologic history to ethnobotanical uses of native plants. Interpretive programs give visitors a deeper understanding of the Mammoth Lakes Trail System's rich ecology and culture. This knowledge evolves into proud stewardship of the area and a greater connection to place for visitors.
Do you have additional Goals/Deliverables?	No
Attendees - Locals	20
Attendees - Visitors	20
Volunteers	30
Paid Staff	3
Organizers	0
Is this an increase or decrease over last year?	Increase
Please explain.	It is on par with previous years. Last season we engaged over 30 volunteers at cleanup events, and regularly had an average of 8-10 people attending interpretive hikes. We were able to offer additional interpretive opportunities partnering with CADFW and local naturalists and offering interpretive yoga. We hope to be able to offer more volunteer opportunities this upcoming season.
Does this program require any special permits or permissions from TOML, USFS, Mono County,	Yes

private citizens, or any other entity?	
What permits and/or permissions are required and have you secured them? If not secured, please explain.	Considering our collaboration with the USFS, we have a standing Volunteer Service Agreement with the Inyo USFS that we regularly update and renew.
Is there a cost to participate in the program?	No
Is a cost to participate in this program anticipated for the future? Please explain.	No, all programs are free to attendees.
Are scholarships available?	No
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	Due to the rugged nature of many Forest Service trails within the Town of Mammoth Lakes Sphere of Influence, most interpretive walks and service projects will not be ADA-accessible. However, with sufficient advance notice we may be able to arrange alternative ADA-accessible programs for interested individuals or modify existing programs to a certain degree for participants of varying ability.
Measure U Funding Committed to This Performance Period:	11,000.00
Amount	Mammoth Lakes Trail Ambassador
Description of Expense	Payroll for one dedicated Mammoth Lakes Trail Ambassador
Amount: Measure U	11000.00
Amount: Cash Match	0.00
Amount: In-Kind	0.00
Total:	11000.00
Amount	9393.00
Description of Expense	payroll for Stewardship Director and TA lead, plus admin staff
Amount: Measure U	0.00

Amount: Cash Match	9393.00
Total:	9393.00
Amount	950
Description of Expense	gps subscription, in-reach device+service, uniforms, indirect tool costs
Amount: Cash Match	950.00
Amount: In-Kind	0.00
Total:	950.00
Amount	5739.25
Description of Expense	miscellaneous: per diem, gear stipend, in kind volunteer hours
Amount: Measure U	0.00
Amount: Cash Match	2559.25
Amount: In-Kind	3180.00
Total:	5739.25
Amount: In-Kind	0.00
Total:	0.00
Total Cost of Expense Items:	27082.25
Total Measure U:	11000.00
Total Cash Match:	12902.25
Total In-Kind:	3180.00
Total Cash Match + In-Kind:	16082.25
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	77-0389436
Organization Current Year Budget	2023_Financial_Statements_FOI_RoJ7.pdf (78 KB)

Organization Prior Year Budget	Simple_2023_budget_FOI_-_2023_budget-2.pdf (75 KB)
Organization Most Current Tax Return/990 Form	Friends_of_the_Inyo_990_Public_Disclosure_Copy_2022.pdf (335 KB)
Point of Contact	Lindsay Butcher
Title	Stewardship Director
Email	lindsay@friendsoftheinyo.org
Phone	8582433921
Are Business address and mailing address the same?	Yes
Mailing Address	621 W Line St Suite 201
City	Bishop
State	California
Zip Code	93514
Website and/or Social Media	https://friendsoftheinyo.org/
Last Update	2024-01-25 13:12:45
Start Time	2024-01-25 12:59:34
Finish Time	2024-01-25 13:12:45
IP	209.33.44.13
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/mammothlakesrecreation/multi/form_login.html

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MONO ARTS COUNCIL

Measure R & U - Approved Multi-Year Programs

Reference #	11055170
Status	Complete
Login Username	kristin@monoarts.org
Login Email	kristin@monoarts.org
Application is for Performance Period:	July 1, 2024 - June 30, 2025
Program Is In	Year 2 of 3
Organization	Mono Arts Council
Name of Program	Youth and Community Arts Programs
Deliverable 1:	Our Summer Arts Camps will be adapting to meet the needs and desires of our local youth and parents. We have recognized that other organizations are doing a fantastic job of offering theater and dance programs so we will no longer be offering these. We will be focusing on art in nature, art in recreation, and music. We hope to have a minimum of eight (8) participants in each of our summer camp sessions. We would also like to have a minimum of five (5) students take advantage of our scholarship program.
Deliverable 2:	Our in-school, Cultural Arts Program will be entering the second year at Mammoth Elementary School. In year two, we would like to explore Latin/Mexican arts and reach every fourth and fifth grader in the school. The program, ideally, would be working with local artists and include: a school-wide assembly presentation, professional development for teachers, and programming with parents. We will also provide pre and post surveys of the students for the program.

Deliverable 3:	Our in-school, Create With the Greats Program will be continuing after many years. This year, our program will focus on Mammoth Elementary School as the Middle School has a permanent art teacher. The program will provide the students exposure to prominent artists, throughout time, with a focus on artists that represent the student culture. The lessons will include art history as well as hands-on art lessons that align with the California Arts Standards as well as provide preparation for continuing arts education. The program will include an opportunity for presentation as well as pre and post program surveys of the students.
Do you have additional Goals/Deliverables?	Yes
Deliverable 4:	Our after-school programs will continue to evolve to meet the needs of the students. We will work with the school based after-school program, Husky Club, to provide arts lessons every other week, during the school year. Additionally, we will provide a safe space for students to explore their creativity at our Gallery & Community Arts Center, where the programs will cater to student interest, thus cultivating student voice. The after-school programs will be offered in 4 to 6 week sessions and covering a wide range of skills and mediums. We hope to have a minimum of five (5) students per week at our MAC after-school program, with at least one (1) student per session utilizing our scholarship program.
Do you have additional Goals/Deliverables?	Yes
Deliverable 5:	We have two new programs, one completely new and one we are looking to expand. The first program is our Community Arts Program. We plan to increase free programming for families in our Gallery & Community Arts Center. We have

	already started by offering Pow Wow Social Dance, in partnership with Mono County Behavioral Health. We would like to offer additional programs such as family art nights, open mic/community music jams, writing workshops, and anything else the community might have interest in. We will be conducting a survey this spring to determine which programs will supported by the Mammoth Lakes community. Our second program is a Visiting Artist Series for the schools in Mammoth Lakes. We will be working with each school site to determine artists that would not only benefit the students but also integrate well with current curriculum. The program would provide our students with exposure to different artists and arts mediums. Where possible, we will work with local artists. The program would include Professional Development opportunities for both the classrooms teachers and other local artists to create sustainability in our area.
Attendees - Locals	1300
Attendees - Visitors	25
Volunteers	4
Paid Staff	12
Organizers	2
Is this an increase or decrease over last year?	Increase
Please explain.	We will be offering more programs and therefore need more staff to run those programs.
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	Yes
What permits and/or permissions are required and have you secured them? If not secured,	We have submitted a permit with the USFS for our summer kids art camps.

please explain.	
Is there a cost to participate in the program?	Yes
Are scholarships available?	Yes
Please provide a brief explanation of cost and description of scholarship, if available.	We will cover the fee for any of our Summer Arts Camps or After-School Art Clubs through a simple scholarship application. We will have a QR code on the flyers for the programs that links directly to the scholarship application. The application will be available in both English and Spanish. Once the application is received and approved, the applicant will be emailed a discount code to receive a 100% discount for the class fee.
Do the programs and locations meet ADA requirements? If no, please explain how to the best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	Yes. All facilities, including those for summer programs, After-School Art Clubs and our In-School programs, are held at facilities that meet ADA requirements. If additional support is needed for any participant, we will work with our community partners to provide whatever support is needed for that person.
Measure U Funding Committed to This Performance Period:	34,000
Amount	50,485.00
Description of Expense	Program Staff - Teaching Artists and Program Admin
Amount: Measure U	25242.50
Amount: Cash Match	25242.50
Amount: In-Kind	0.00
Total:	50485.00
Amount	33,468.00
Description of Expense	Program Facilities Rent - Mono Arts Council Gallery & Community Arts Center

Amount: Measure U	16734.00
Amount: Cash Match	16734.00
Amount: In-Kind	0.00
Total:	33468.00
Amount	6150.00
Description of Expense	Program Marketing
Amount: Measure U	3075.00
Amount: Cash Match	3075.00
Amount: In-Kind	0.00
Total:	6150.00
Amount	9050.00
Description of Expense	Program Supplies
Amount: Measure U	4525.00
Amount: Cash Match	4525.00
Amount: In-Kind	0.00
Total:	9050.00
Amount	18,000.00
Description of Expense	Shuttle Rental - For transporting younger children around Mammoth Lakes for Summer Arts Camps
Amount: Measure U	9000.00
Amount: Cash Match	9000.00
Amount: In-Kind	0.00
Total:	0.00
Total Cost of Expense Items:	99153.00
Total Measure U:	58576.50
Total Cash Match:	58576.50

Total In-Kind:	0.00
Total Cash Match + In-Kind:	58576.50
Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
If you have additional expenses, please list the amount and description on a separate document and upload here.	2024-2025_Mono_Arts_Council_Budget.xlsx_-_2024-2025.pdf (76 KB)
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	77-0131651
Organization Current Year Budget	MAC_PL_FYTD.pdf (41 KB)
Organization Prior Year Budget	MAC_PL_2022to2023.pdf (40 KB)
Organization Most Current Tax Return/990 Form	MAC_990_2023_amended.pdf (1.73 MB)
Point of Contact	Kristin Reese
Title	Executive Director
Email	kristin@monoarts.org
Phone	760-914-2731
Are Business address and mailing address the same?	No
Business Address	437 Old Mammoth Road, Suite 180
City	Mammoth Lakes
State	California
Zip Code	93546
Mailing Address	PO Box 56
City	Mammoth Lakes
State	California
Zip Code	93546
Website and/or Social Media	monoarts.org
Last Update	2024-01-25 15:43:16

Start Time	2024-01-24 11:38:25
Finish Time	2024-01-25 15:43:16
IP	168.100.187.221
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/mammothlakesrecreation/multi/form_login.html

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VALENTINE EASTERN SIERRA RESERVE

Measure R & U - Approved Multi-Year Programs

Reference #	14985724
Status	Complete
Login Username	carol.blanchette@ucsb.edu
Login Email	carol.blanchette@ucsb.edu
Application is for Performance Period:	July 1, 2024 - June 30, 2025
Program Is In	Year 2 of 3
Organization	University of California, Santa Barbara – Valentine Eastern Sierra Reserves
Name of Program	Valentine Eastern Sierra Reserves Outdoor Science Education Program
Deliverable 1:	Recruitment of part time teachers to teach in school-year and summer programs.
Deliverable 2:	Fund summer camp scholarships to be offered to Mammoth Lakes families in needWe will make these scholarships immediately available to any Mammoth families in needimmediately upon receipt of funds.
Deliverable 3:	Promote OSEP programs including Measure U branding. We will include measure Ubranding on all program materials.
Do you have additional Goals/Deliverables?	No
Attendees - Locals	2000
Attendees - Visitors	80
Volunteers	15
Paid Staff	4
Organizers	2
Is this an increase or decrease over last year?	Increase

Please explain.	We anticipate approximately similar numbers as last year.
Does this program require any special permits or permissions from TOML, USFS, Mono County, private citizens, or any other entity?	No
Is there a cost to participate in the program?	Yes
Are scholarships available?	Yes
Please provide a brief explanation of cost and description of scholarship, if available.	The spring and fall field trip programs are free to participants and we cover the cost of operations (teacher salaries, supplies and other expenses) through grants and donations. The summer camp tuition fees cover the cost of participation in those camps, however we strive to remove any financial barrier by providing scholarships to any families in need. Summer camp tuition varies depending on the program, but the average is around $100-$150/week per child, and covers the cost of supplies and teacher salary for that time. There are no costs associated with the use of the reserve facilities or space, and all other services are provided by the reserve for free. We don't want a family's financial difficulties to prevent any child from participating in our Outdoor Science Education summer programs. We offer full and partial scholarships for those in need. Scholarship awards are limited, based upon need, available funds and number of qualifying applicants.
Do the programs and locations meet ADA requirements? If no, please explain how to the	Yes

best of your ability, you will meet these requirements? (Resource: https://www.ada.gov/effective-comm.htm)	
Measure U Funding Committed to This Performance Period:	10000
Amount	15000
Description of Expense	Teacher Salaries
Amount: Measure U	7500.00
Amount: Cash Match	2500.00
Amount: In-Kind	5000.00
Total:	15000.00
Amount	2000
Description of Expense	Scholarships
Amount: Measure U	1000.00
Amount: Cash Match	1000.00
Total:	2000.00
Amount	3000
Description of Expense	Education program supplies
Amount: Measure U	1500.00
Amount: Cash Match	1500.00
Total:	3000.00
Total:	0.00
Total:	0.00
Total Cost of Expense Items:	20000.00
Total Measure U:	10000.00
Total Cash Match:	5000.00
Total In-Kind:	5000.00
Total Cash Match + In-Kind:	10000.00

Is the Cash Match + In-Kind ≥ Measure U?	Yes
Is the Cash Match ≥ 50% of the total match?	Yes
Organizations tax status.	Non-Profit 501(c)3
Federal EIN number or ID number:	95-6006145
Organization Current Year Budget	2023-24-budget-summary.pdf (12.64 MB)
Organization Prior Year Budget	f9attach.pdf (1.61 MB)
Organization Most Current Tax Return/990 Form	990.docx (12 KB)
Point of Contact	Carol Blanchette
Title	Director, Valentine Eastern Sierra Reserves
Email	carol.blanchette@ucsb.edu
Phone	8058935698
Are Business address and mailing address the same?	Yes
Mailing Address	1016 Mt Morrison Rd.
City	Mammoth Lakes
State	California
Zip Code	93546
Website and/or Social Media	https://vesr.nrs.ucsb.edu/
Last Update	2024-01-19 13:42:25
Start Time	2024-01-19 13:31:41
Finish Time	2024-01-19 13:42:25
IP	128.111.65.251
Browser	Chrome
Device	Desktop
Referrer	https://fs27.formsite.com/mammothlakesrecreation/multi/form_login.html

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Correspondence with VESR re: simplified budget to reflect Mammoth Program expenses.

Hi Kim -

I worked with our campus to get the numbers for our Outdoor Science Education Program similar to what we did last time. The number are from FY22-23.

The total income in that year (summer program tuition, grants and gifts) was $40,688 (this includes the $10K from Measure U funds). Our total expenses that year (salary, benefits and supplies) were $38,593.

Please let me know if you need anything else.

Carol

MAMMOTH LAKES RECREATION

Mammoth Lakes Recreation
American Rescue Plan Grants to Local Arts Agencies for Subgranting

NATIONAL ENDOWMENT for the ARTS arts.gov

ıluator:

After review of applications, evaluate each based on the review criteria below. Score 0 - 5 (0 = Not at all, 3 = Neutral, 5 = Exceptional), or answer YES or NO. Your scores will automatically be totaled below.

unding: FY24/25 Programming = $225,000

	Project A	Project B	Project C	Project D
Applicant Organization	Clean Up the Lake	Friends of the Inyo - Mammoth Mural Project	Mammoth Channel	
Total Requested / Allocated	$12,739.48	$30,000.00	$10,000.00	
Multi-Year?	No	No	No	
This application is what year of multi-funding?	n/a	n/a	n/a	
Funds Allocated (A)/Requested (R) to future years:	n/a	n/a	n/a	
CRITERIA	**SCORE**	**SCORE**	**SCORE**	**SCORE**
ıent with the MLR's Guiding Principles? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
Match with In-kind NTE 25%? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
: Readiness/Schedule				
Does the schedule appear feasible?				
Is the project ready to be implemented?				
Does the program/project budget appear feasible?				
Is it likely to be finished in the allotted time?				
Has the planning been initiated or completed?				
Is the property under control of the applicant or are all contracts, permits, and/or agreements in place?				
Project Readiness/Schedule TOTAL (Max Score: 30)	0	0	0	0
unity Need				
Does the applicant make a good case that this project will fulfill a need within the community ?				
Were public meetings held to involve local citizens in the planning?				
Will the project provide a public benefit for the community?				
Does it address the needs of populations of concern?				
Does it encourage the local population to take part?				
Community Need TOTAL (Max Score: 25)	0	0	0	0
nic Impact				

Does the applicant make a good case for this project serving economic development needs?				
Does it lend indirect support to area businesses?				
Will it create long term partnerships or shared resources?				
Would it increase length of a tourist visit or add to the visitation for the area and/or would it draw or help retain long-term residents?				
Is there sufficient evidence to support these claims?				
Is this a long term funding requirement? (Low score = long-term funding needed; high score = short-term funding needed)				
Does this enhance a public facility?				
Economic Impact TOTAL (Max Score:35)	**0**	**0**	**0**	**0**
tion and/or Arts & Culture Value				
Will it be a draw to the area?				
Will the project have a significant impact on the community's existing infrastructure?				
Is it part of an approved or accepted TOML plan or MLR strategic plan?				
Would the project support more than one type of use?				
Were public meetings held to involve local citizens in the planning?				
Is there a long-term capital investment?				
Is there a high demand for this type of infrastructure in the area?				
Recreation Value TOTAL (Max Score:35)	**0**	**0**	**0**	**0**
ed Physical & Recreation Access				
Will it connect recreational areas?				
Given the project's location/situation, does the applicant make the case that the infrastructure will get real use?				
Will the project grant real public access? (Affordability & Accessibility)				
Will ADA accessibility be incorporated and/or will it be designed to encourage use by all populations?				
Does this project duplicate other activities or facilities?				
Will it enhance public transit?				
Improved Physical & Recreational Access TOTAL (Max Score: 30)	**0**	**0**	**0**	**0**
S Section				
Is the program / project accessible to the community via public transportation and multi-use paths?				
Economic considerations: Are there opportunities for sponsorships?				
Bonus Section TOTAL (Max Score: 10)	**0**	**0**	**0**	**0**
TOTAL SCORE (Max Score: 165)	**0**	**0**	**0**	**0**

Mammoth Lakes Recreation
American Rescue Plan Grants to Local Arts Agencies for Subgranting

MAMMOTH LAKES RECREATION

NATIONAL ENDOWMENT for the ARTS arts.gov

luator:

After review of applications, evaluate each based on the review criteria below. Score 0 - 5 (0 = Not at all, 3 = Neutral, 5 = Exceptional), or answer YES or NO. Your scores will automatically be totaled below.

unding: FY24/25 Programming = $225,000

	Project A	Project B	Project C	Project D
Applicant Organization	Mammoth Mountain Ski Patrol Alumni	Eastern Sierra Avalanche Center	Eastern Sierra Community Chorus	Sierra Classic Theater
Total Requested / Allocated	$6,750.00	$12,500.00	$8,365.00	$12,500.00
Multi-Year?	No	YES	YES	YES
This application is what year of multi-funding?	n/a	1 of 3	1 of 3	1 of 3
unds Allocated (A)/Requested (R) to future years:	n/a	R - Y2: $12,500; R- Y3: $12,500	R - Y2: $8,750; R - Y3: $9,200	R - Y2: $9,000; R - Y3: $7,000
CRITERIA	**SCORE**	**SCORE**	**SCORE**	**SCORE**
ent with the MLR's Guiding Principles? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
Match with In-kind NTE 25%? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
Readiness/Schedule				
Does the schedule appear feasible?				
Is the project ready to be implemented?				
Does the program/project budget appear feasible?				
Is it likely to be finished in the allotted time?				
Has the planning been initiated or completed?				
Is the property under control of the applicant or are all contracts, permits, and/or agreements in place?				
Project Readiness/Schedule TOTAL (Max Score: 30)	0	0	0	0
unity Need				
Does the applicant make a good case that this project will fulfill a need within the community ?				
Were public meetings held to involve local citizens in the planning?				
Will the project provide a public benefit for the community?				
Does it address the needs of populations of concern?				
Does it encourage the local population to take part?				
Community Need TOTAL (Max Score: 25)	0	0	0	0
nic Impact				

Does the applicant make a good case for this project serving economic development needs?				
Does it lend indirect support to area businesses?				
Will it create long term partnerships or shared resources?				
Would it increase length of a tourist visit or add to the visitation for the area and/or would it draw or help retain long-term residents?				
Is there sufficient evidence to support these claims?				
Is this a long term funding requirement? (Low score = long-term funding needed; high score = short-term funding needed)				
Does this enhance a public facility?				
Economic Impact TOTAL (Max Score: 35)	**0**	**0**	**0**	**0**
tion and/or Arts & Culture Value				
Will it be a draw to the area?				
Will the project have a significant impact on the community's existing infrastructure?				
Is it part of an approved or accepted TOML plan or MLR strategic plan?				
Would the project support more than one type of use?				
Were public meetings held to involve local citizens in the planning?				
Is there a long-term capital investment?				
Is there a high demand for this type of infrastructure in the area?				
Recreation Value TOTAL (Max Score: 35)	**0**	**0**	**0**	**0**
ed Physical & Recreation Access				
Will it connect recreational areas?				
Given the project's location/situation, does the applicant make the case that the infrastructure will get real use?				
Will the project grant real public access? (Affordability & Accessibility)				
Will ADA accessibility be incorporated and/or will it be designed to encourage use by all populations?				
Does this project duplicate other activities or facilities?				
Will it enhance public transit?				
Improved Physical & Recreational Access TOTAL (Max Score: 30)	**0**	**0**	**0**	**0**
S Section				
Is the program / project accessible to the community via public transportation and multi-use paths?				
Economic considerations: Are there opportunities for sponsorships?				
Bonus Section TOTAL (Max Score: 10)	**0**	**0**	**0**	**0**
TOTAL SCORE (Max Score: 165)	**0**	**0**	**0**	**0**

Mammoth Lakes Recreation
American Rescue Plan Grants to Local Arts Agencies for Subgranting

MAMMOTH LAKES RECREATION

NATIONAL ENDOWMENT for the ARTS arts.gov

luator:

After review of applications, evaluate each based on the review criteria below. Score 0 - 5 (0 = Not at all, 3 = Neutral, 5 = Exceptional), or answer YES or NO. Your scores will automatically be totaled below.

unding: FY24/25 Programming = $225,000

	Project A	Project B	Project C	Project D
Applicant Organization	Southern Mono Historical Society	Chamber Music Unbound	Eastern Sierra Arts Alliance	Eastern Sierra Symphony
Total Requested / Allocated	$7,000.00	$32,000.00	$40,000.00	$15,500.00
Multi-Year?	YES	YES	YES	YES
This application is what year of multi-funding?	1 of 3	2 of 3	2 of 3	2 of 3
unds Allocated (A)/Requested (R) to future years:	R - Y2: $7,000; R - Y3: $7,000	A - Y3: $32,000	A - Y3: $40,000	A - Y3: $15,500
CRITERIA	**SCORE**	**SCORE**	**SCORE**	**SCORE**
ent with the MLR's Guiding Principles? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
Match with In-kind NTE 25%? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
Readiness/Schedule				
Does the schedule appear feasible?				
Is the project ready to be implemented?				
Does the program/project budget appear feasible?				
Is it likely to be finished in the allotted time?				
Has the planning been initiated or completed?				
Is the property under control of the applicant or are all contracts, permits, and/or agreements in place?				
Project Readiness/Schedule TOTAL (Max Score: 30)	0	0	0	0
unity Need				
Does the applicant make a good case that this project will fulfill a need within the community ?				
Were public meetings held to involve local citizens in the planning?				
Will the project provide a public benefit for the community?				
Does it address the needs of populations of concern?				
Does it encourage the local population to take part?				
Community Need TOTAL (Max Score: 25)	0	0	0	0
nic Impact				

Does the applicant make a good case for this project serving economic development needs?				
Does it lend indirect support to area businesses?				
Will it create long term partnerships or shared resources?				
Would it increase length of a tourist visit or add to the visitation for the area and/or would it draw or help retain long-term residents?				
Is there sufficient evidence to support these claims?				
Is this a long term funding requirement? (Low score = long-term funding needed; high score = short-term funding needed)				
Does this enhance a public facility?				
Economic Impact TOTAL (Max Score: 35)	**0**	**0**	**0**	**0**
tion and/or Arts & Culture Value				
Will it be a draw to the area?				
Will the project have a significant impact on the community's existing infrastructure?				
Is it part of an approved or accepted TOML plan or MLR strategic plan?				
Would the project support more than one type of use?				
Were public meetings held to involve local citizens in the planning?				
Is there a long-term capital investment?				
Is there a high demand for this type of infrastructure in the area?				
Recreation Value TOTAL (Max Score: 35)	**0**	**0**	**0**	**0**
ed Physical & Recreation Access				
Will it connect recreational areas?				
Given the project's location/situation, does the applicant make the case that the infrastructure will get real use?				
Will the project grant real public access? (Affordability & Accessibility)				
Will ADA accessibility be incorporated and/or will it be designed to encourage use by all populations?				
Does this project duplicate other activities or facilities?				
Will it enhance public transit?				
Improved Physical & Recreational Access TOTAL (Max Score: 30)	**0**	**0**	**0**	**0**
S Section				
Is the program / project accessible to the community via public transportation and multi-use paths?				
Economic considerations: Are there opportunities for sponsorships?				
Bonus Section TOTAL (Max Score: 10)	**0**	**0**	**0**	**0**
TOTAL SCORE (Max Score: 165)	**0**	**0**	**0**	**0**

Mammoth Lakes Recreation
American Rescue Plan Grants to Local Arts Agencies for Subgranting

MAMMOTH LAKES RECREATION

NATIONAL ENDOWMENT for the ARTS arts.gov

luator:

After review of applications, evaluate each based on the review criteria below. Score 0 - 5 (0 = Not at all, 3 = Neutral, 5 = Exceptional), or answer YES or NO. Your scores will automatically be totaled below.

unding: FY24/25 Programming = $225,000

	Project A	Project B	Project C	Project D
Applicant Organization	Friends of the Inyo	Mono Arts Council	Valentine Eastern Sierra Reserve	
Total Requested / Allocated	$11,000.00	$34,000.00	$10,000.00	
Multi-Year?	YES	YES	YES	
This application is what year of multi-funding?	3 of 3	2 of 2	2 of 3	
unds Allocated (A)/Requested (R) to future years:	n/a	A - Y3: $34,000	A - Y3: $10,000	
CRITERIA	**SCORE**	**SCORE**	**SCORE**	**SCORE**
ent with the MLR's Guiding Principles? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
Match with In-kind NTE 25%? (Must be YES to continiue)	YES or NO	YES or NO	YES or NO	YES or NO
: Readiness/Schedule				
Does the schedule appear feasible?				
Is the project ready to be implemented?				
Does the program/project budget appear feasible?				
Is it likely to be finished in the allotted time?				
Has the planning been initiated or completed?				
Is the property under control of the applicant or are all contracts, permits, and/or agreements in place?				
Project Readiness/Schedule TOTAL (Max Score: 30)	0	0	0	0
unity Need				
Does the applicant make a good case that this project will fulfill a need within the community ?				
Were public meetings held to involve local citizens in the planning?				
Will the project provide a public benefit for the community?				
Does it address the needs of populations of concern?				
Does it encourage the local population to take part?				
Community Need TOTAL (Max Score: 25)	0	0	0	0
nic Impact				

Does the applicant make a good case for this project serving economic development needs?				
Does it lend indirect support to area businesses?				
Will it create long term partnerships or shared resources?				
Would it increase length of a tourist visit or add to the visitation for the area and/or would it draw or help retain long-term residents?				
Is there sufficient evidence to support these claims?				
Is this a long term funding requirement? (Low score = long-term funding needed; high score = short-term funding needed)				
Does this enhance a public facility?				
Economic Impact TOTAL (Max Score: 35)	**0**	**0**	**0**	**0**
tion and/or Arts & Culture Value				
Will it be a draw to the area?				
Will the project have a significant impact on the community's existing infrastructure?				
Is it part of an approved or accepted TOML plan or MLR strategic plan?				
Would the project support more than one type of use?				
Were public meetings held to involve local citizens in the planning?				
Is there a long-term capital investment?				
Is there a high demand for this type of infrastructure in the area?				
Recreation Value TOTAL (Max Score: 35)	**0**	**0**	**0**	**0**
ed Physical & Recreation Access				
Will it connect recreational areas?				
Given the project's location/situation, does the applicant make the case that the infrastructure will get real use?				
Will the project grant real public access? (Affordability & Accessibility)				
Will ADA accessibility be incorporated and/or will it be designed to encourage use by all populations?				
Does this project duplicate other activities or facilities?				
Will it enhance public transit?				
Improved Physical & Recreational Access TOTAL (Max Score: 30)	**0**	**0**	**0**	**0**
S Section				
Is the program / project accessible to the community via public transportation and multi-use paths?				
Economic considerations: Are there opportunities for sponsorships?				
Bonus Section TOTAL (Max Score: 10)	**0**	**0**	**0**	**0**
TOTAL SCORE (Max Score: 165)	**0**	**0**	**0**	**0**